BP.

DHMH - 16 60M 7/8 (VRA 15, 4)

)6743

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYGI	REG. NO	3 3	3 3	
1	I. DEC	EASED NAME FIRST	M	IDDLE	l	AST .	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	
	(TYPE (SOPHII	E E	EAB	ARB	ANEL		9 25	87 2 F	> M
1	3. SEX		4 RACE	7112		DE BIRTH26 1904	6. AGE IN YEARS LAST BIRT	HDAY) IF UN	DERTYEAR IF UNDER 24 H	HRS
	y. 027	Eamal.	13.	1-1-1	MONTH	DAY YEAR	83	MONI	HS DAYS HOURS M	AIN.
-9	7- 010	THOUSE		VHAT COUNTRY?	8	- U7	9 BALTIMORE CITY O	YRS COUNTY OF	DEATH	_
/	7a. BIR		76 CHIZEN OF V	VHAI COUNTRI:	MARRIE	D NEVER MARRIED	_		1	
	-	USSIA-	0) ^	WIDOWE			TIMORE		MD.
7	10 CIT	Y OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	170 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	WORKING LIFET I	26 KIND OF BUSINESS NDUSTRY	OR
4	. /	BALTIMORE	SINA	1 14051	DITAL		HOUSEW I-FE		AT HOME	
8	USUA 13a S	L RESIDENCE IN NURSING HOME OF	OTHER JUSTITUTION	THE RESIDENCE BEFORE	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	719 CODE	APT. 311	
	130 3	MD XX	XXX	BAN 7	0	YES NO	2500 W. RE		#21215	
	14 FA	THER'S NAME	-/0	12-1		15 MOTHER'S MAIDEN NAM				
3		SAMUEL	MIDDLE	LAST	111	SARAH	RITH		DÜBB	
10	11 10		MED FORCES	166 SOCIAL SECT	HO	17 INFORMANT MRS.	CEPAI DI MEDRE	MANATO	DODD	
	166 VV	AS DECEASED EVER IN U.S. AR	E WAR OR DATES)				05 PARK HTS		#21215	
		110		46-32-	65901	741. 0 2 00	THE THE			
		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly one couse per	ine for (a), (b), an	id (c)				APPROXIMATE INTERVAL	ATH
			TE CAUSE (o)	CARDIAC	ARH	JEST .			30 min	
П			DUE TO OF	AS A CONSEQU	ENCE OF				2 /	_
		Conditions, if any, which	(b)	CARDI		FAILLIEF			2 week	2.
		gave rise to immediate cause (a), stating the	10,							
		underlying couse last	DUE TO, OR	AS A CONSEQU	ENCEOF					
		PART 2 OTHER SIGNIFICANT	(5) (5)	ALTRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERM	IN AL DISEASE OR CONI	DITION GIVEN	NI PART 110	==
	z	0			DEATH BUT	NOT RECATED TO THE TERM	IN AL DISEASE ON COM	DINOR ON ER	TAKI TIO	
	CATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, W								_
7	CA	DATE OF OPERATION				IN WAS FERFORMED		IN CERTIFYIN	G CAUSES OF DEATH?	?
4	CERTIF	7/16/87		LECUST	///5		YES NO NO	YES [] NO []	
1	Ü	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	110.10 44		AY YEAR	21c HOW INJURY OCCURE	ED (ENTER NATURE OF INJUI	TY IN ITEM TO PART I	ORPART 2)	
1	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	-111		19					
	MEDICAL	216 INJURY OCCURRED	21e PLACE C	OF INJURY	F 4 D44 F 7 C 1	211 LOCATION	CITY OR TO	WN	COUNTY STAT	TE
1	\$	WHILE NOT WHILE AT WORK	TAT HOME, STR	EET FACTORY, OFFICE,	FARM EIC F					
		22a.1 certify that (I) (this hasp	(tal) attended the	deceased from.	9/1	3/3/ 19 87	to 9/25	. 19_	57 thor (1) (we) lost
		sow the deceased dive or above, () (we) (did) (did no			87.0	nd that in (my) (our) apinion	death accurred on the de	ate and hour an	d from the couses state	d
		22b. SIGNATURE	of view the body	gitter death.		DEGREE			220 DATE SIGNED	-
-		11/1/3	1200/0	///		ATTENDING	MEDICAL STAL		9/25/2	5.7
		(M)	VILI	6/6		PHYSICIAN [DIRECTOR PHYSIC	IANZ	7/23/	2 1
		226 PHYSICIAN'S NAME (TYPE						01	1	2/
		KENNETH C	· Ru 5			1806 Th	ames It	Ball	more all	3
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	230	NAME OF	EMETERY OR CREMATORY	23d LOCATION	co	DUNTY STAT	TE.
	,		SEPT. 27	1987	WORKM	EN CIRCLE	BALTIMORE		MARYLAND.	
	04 51		T. 771.77.70					25b. REGISTRAR		
	24 FC	NAME	LEVINSO	N & BROS	. INC	21215 00			3 3 GIVATORE	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTILLO 21201 TO HOSPITAL C., ATTENDING PHYSICIAN: The low requires that the first in the spatial or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the internal completely filled in by the funeral director page 3 should be detached for use as the buriol-transit permit. Then pleas the state of the other control of the pleas the state of the other control of the pleas the state of the other control of the other co
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STATE OF MARYLAND & DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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4 OCT -	8,8	FOR TATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	REG. NO	o.	0	
400000000000000000000000000000000000000		CEASED NAME FIR	ide	MIDDLE	A	days	20 DATE OF DEATH	9/30/		26 HOUR 850 HM
ie d	3. SE)		4 RACE		5 DATE O		6 AGE (IN YEARS LAST BIR	(HDAY) IF UN	OF R P C PAIR	IF UNDER 24 HRS HOURS MIN.
is a	F	emale	Black	3/24/16			71 YR			NOOKS MIN.
Solone State	7a. BII	RTHPLACE (STATE OR FOREIG OUNTRY) Virginia	76. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY O	COUNTY OF	DEATH	MD.
Dellied	10 CI	altimore	Libert	CHEACHITY, GIVE STREET	address)	R OTHER INSTITUTION	126 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Retired		N KIND OF	BUSINESS OR
must be		TATE 136	OME OF OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimos		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / 2720 Claf1		2122	5
exominet	14. FA	THER'S NAME Horace	MOOLE	ore (AS)		15 MOTHER'S MAIDEN NAM	inia MIDDLE	Moore	LAST	
dicol	16a V	AS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE			
E		NO		213-18-14	+25	Delores Mapp	dilworth 27	20 Claf		
Ē.		18 CAUSE OF DEATH (En	nter only one cause pe			res pinetos			-	NATE INTERVAL NSET AND DEATH
to buriol, the lib	NOI	Conditions, if ony, whi gove rise to immedia cause (o), stating t underlying couse to PART 2 OTHER SIGNIFIC	ote the lost. DUE TO, C	Conga or as a consecution	ENCE OF	Hailyne Classication NOT RELATED TO THE ORM	- Jaileer INAL DISEASE OR CON	DITION GIVEN IN	N PART TO	
2	CERTIFICATION	9/20 /87	G /	DITION FOR WHICH	OPERATION A	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES (GS USED OF DEATH? NO
em 18 sho		218. ACCIDENT WAS UNDERLYFT OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX	OF DEATH HOUR A	DF INJURY 	AY YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1	OR PART 2)	
rked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET FACTORY OFFICE F	ARM, ETC }	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
of Healt		220.1 certify that (I) (this saw the deceased of above, (I) (we) (did) (146 011	17	47, or	d that in (my) (our) opinion (death accurred on the de	ate and hour and		hat (II (we) last ouses stated
detached ote Dept JT: If Item			& Frai	1cics	137	ATTENDING PHYSICIAN	MEDICAL STA		224 DATES	SO (8)
should be de with the Stot		224. PHYSICIAN'S NAME			٠	220 ADDRESS Liberry	Modies	Cervin	3a1	* rid
3 ≥	230 E	BURIAL, CREMATION, REM SPECIFY) Burial		23 c	NAME OF C	S Park	23d LOCATION CITY OF TOWN Arbutu	S	uniy Mc	
60M 7/B4	24 Ft	INERAL DIRECTOR Estep Bros	. г.н. 130	00 Eutaws	1.		E REC'D. BY REGISTRAR	256 REGISTRAR	s signatu	JRE

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STATE OF MARYLAND	7
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	

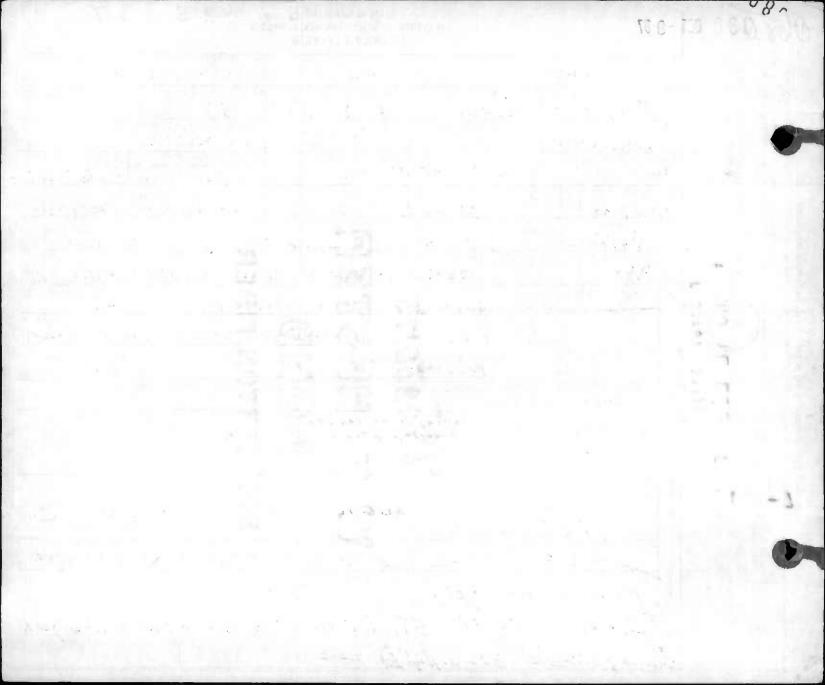
08 038 OCT -8:07 REGISTRAR REG. NO. 1. DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH MONTH DAY 26 HOUR (TYPE OR PRINT) GRACE AIELLO SEPTEMBER 24, 1987 9:31Am 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR # UNDER 24 HRS 4 RACE 5. DATE OF BIRTH BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED COUNTRY BALTIMORE CITY Vew YORK DIVORCED [WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR THE JOHNS "HOPKINS" HOSPITAL (TYPE DE WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE BIRNE NO [221 ATEN 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE AA IDDU E 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES FRANK AICLLO IR. 126-26-4135 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY INFECTED HEPATIC NECROSIS DUE TO, OR AS A CONSEQUENCE OF EMBOLIZATION OF MESENTERIC PSEUDOANEURYSM 72 hus Canditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CANCER PANCREATIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 FISTULA BILIARY 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY? 19 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? (D) 9/23/87 DINFECTED HEPATIL NECROSIS 218. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR LOWN STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) WHILE NOT WHILE SECT. 24 _19_87_, and that in (my) (our) opinian death occurred on the date and hour and from the causes stated saw the deceased alive on above, (I) (we) (did vidid not) view the bady after death 226 SIGNATUR 220 DATE SIGNED DEGREE ATTENDING MEDICAL 9/24/89 PHYSICIAN DIRECTOR PHYSICIAN

> SCHNITZER MARK 230 BURIAL GREMATION, REMOVAL

22e ADDRESS

23(. NAME OF CEMETERY OR CREMATORY, 28/8/ 0/212 24 FUNERAL DIRECTOR.

DHMH - 16 60M 7/B4 (VRA 15, 4)



eoth certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that

retained by the hospital or attending physician.

STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE REG. NO)).	0 0		
١	1 DECEASED NAME FIRST	MIDDLE	L	AST .	20 DATE OF DEATH	MONTH DA		26 HOUR	
ı	(TYPE OR PRINT) Harry	Joseph	A.	lascio		9 9	87	4:43p	
1		I. RACE	5 DATE C	OF BIRTH	6. AGE IN YEARS LAST BIR	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS	
	Male	White	MO81		76	YRS.	NTHS DAYS	HOURS MIN.	
1	70 BIRTHPLACE (STATE OR FOREIGN) COUNTRY) MARYLAND	U.S.A.	MARRIEI WIDOWE	D NEVER MARRIED DO DIVORCED XX	9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY				
	BALTIMORE		OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN SUCH EACHLY, GIVE STREET ADDRESS) AGNES HOSPITAL			ON F WORKING LIFE) OLER	126. KIND C INDUSTRY TRUC	F BUSINESS OR	
1	USUAL RESIDENCE IN NURSING HOME OR CITED 130 STATE 130 COUNTY MARYLAND		N	YESXX NO [13e. STREET ADDRESS 4602 PARK	CON STE	REET	21229	
	14 FATHER'S NAME FURST ROSARIO	ALASCI (0	15. MOTHER'S MAIDEN NAM MARIE	MIDDLE		CASI		
Ī	160 WAS DECEASED EVER IN U.S. ARM		RITY NO.	17 INFORMANT	ADDRE	SS BALTO	. MD	21207	
	YES, NO OR UNKNOWN) (IF YES, GIVE	TI 216-12-5	5914	HARRY C. ALA	SCIO 1501 (CANTWEI	L ROA	D	
		DUE TO, OR AS A CONSEQUE INTO OR AS A CONSEQ	NCE CHE BUT	MALE MALE TO THE TERMI	MAL DISEASE OR CON	DITION GIVEN	N IN PART II	0	
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPETATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES		
0		216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2)				
	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTHYMEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET CITY OR TOWN			COUNTY	STATE	
	220.1 certify that (1) (this hospital sow the deceased alive on above (1) were (did) and the	ol) ottended the deceosed from	, or	nd that in (my) (our) opinion d	eoth occurred on the de	, 19		that (I) (we) last couses stated	
	775. SIGNATURE	Miller	2	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		224 DATE	SIGNED	
	274 PHYSIPTAME THOME CON	M.D.	561	27. AGNES HOS	SPITAL, BAL	TIMORE	, MD.		
	230 BURIAL, CREMATION, REMOVAL (SPEC#Y) BURIAL	9/12/87	NEW C.	EMETERY OR CREMATORY ATHEDRAL	234 LOCATION CITY OF TOWN BALTIM		COUNTY	YLAND	
	24 FUNERAL DIEROY M & RU NAME 1630 EDMONDS	SON AVE. CATONSV	FUNER	AL HOMES 250 DATE MD 21228	P 1 5 1987	256. REGISTRA	AR'S SIGNAT	Pandaes.	

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as removal. IMPORTANT: If them 21 is marked or them. 18 shows any injury, or other troumatic event, the medical

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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65756 SEP 16	87.	FOR STATE REGISTRAR			DEP	RTMENT OF	E OF MARYLAND EALTH AND MEN ICATE OF DEA	TAL HYGIEN	REG. NO	5	5 8 7	
moy be poge 3		EASED NAME DR PRINT)	ary	۸	AIDDLE		lder	20	DATE OF DEATH	9/	8 /87	26 HOUR
Page 4 mo director po nours offer e	3-5EX	9	- 1	4. RACE	1	S. DATE (OF BIRTH	#7	AGE (IN YEARS LAST BIR	YRS	MONIHS DAYS	HOURS MIN.
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AND 212 AND 212 filled in pould be	130 S1 Ma	ryland	13b COUN		13c. CITY OR 1 Balt		4.0		STREET ADDRESS / 1402 Wood			21211
MARYL omplerely omplerely omplerely	W	HER'S NAME alter	Jame		Colli		15. MOTHER'S MA Edna	AIDEN NAME	May		Johnso	on
T., BALTIMORE, Ithrose be execuply since the execuply since the execuply since the execution of the executio		AS DECEASED EVER II S, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)		7-1848A	Vivian W	Varren	3024 Remi			1211
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' NG PHYSICIAN: The low requires that the death Certificate be executed within 24 hours of the this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in hand Mental Hygiene prior to burial, cremotion, or removal. arked or flem 18 shows any injury, ar other traumatic event, the medical explainment with a page.	NOI	Conditions, if any, gave rise to imm cause (a), stating underlying cause	which ediote the lost.	DUE TO, OF	R AS A CONSI	SIVE	Brains NOT RELATED TO	stem	Hemory	0		9 lus
VITAL RECOR	TIFIC	9a DATE OF OPERAT				TICH OPERATIO	N WAS PERFORME		YES NO	IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES []	IGS USED OF DEATH? NO
DIVISION OF VITA DING PHYSICIAN: The control of the borrol-transit oith and Mental Hygie marked or them 18 she	CAL	OR CONTRIBUTING COLOR OF THE EITHER NOTIFY MEDICAL OF THE EITHER NOTIFY ME	AUSE OF DEA AL EXAMINER! ED	TH HOUR A.I. P.I. 21e PLACE ((AT HOME STR	M, MONTH M, OF INJURY REET FACTORY, OF	19 FICE FARM, ETC.)	211. LOCATION STREET	o 84	CITY OR TO		COUNTY	STATE
OR ATTEN hospital OIRECTOR, thed for us oppt of Hem 21 is		22a I certify that (I) (saw the decease above, (I) we (d 22b. SIGNATURE 22d PHYSICIAN'S NA	-		Ann att.		nd that in (my Cour DEGREE	Dopinion dea	th occurred on the de	se Stef		
TO HOSPITAL (retained by the TO FUNERAL (should be defort with the State C		Edwin	REMOVAL	23b. DATE		ZJc. NAME OF C	SI SI	MATORY	HOSP 23d LOCATION CUTY OF TOWN		COUNTY	STATE
BP DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	Burial NERAL DIRECTOR NAME Alan Seit	z, J	9/14/8 r. 3818	ADDR	E55	National		Baltimo		Mat STRAR'S SIGNAT	

Torre Constitution feet a file

STATE OF MARYLAND 8 / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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moy be poge 3 er death	1 DECEASED NAME (1YPE OR PRINT) Albert Albert 1 DECEASED NAME (1YPE OR PRINT) ALBERT (1YPE OR PRINT) 3 SEX 1 RACE 5 DATE OF BIRTH 1 AGE (14 NORTH DAY) 1 IF UNDER 1 YEAR IF UNDER 24 HRS
Jeath. Page 4 i	76 BIRTHPLACE (STATE ORFOREIGN COUNTRY) 78. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE CITY MD.
4D 21201 24 hours after of 11 hours after of 12 hours of the full 12 hours of the full 13 hours of the full 14 hours of the full 15 hours of the full 15 hours of the full 16 hours of the full 17 hours of the full 17 hours of the full 18 hou	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. NAME OF HOSPITAL 112. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY WATER OF WORK FOR MOST OF WORKING LIFE) INDUSTRY WATER OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 132. STREET ADDRESS / ZIP CODE BALTIMORE PALTIMORE PALTIMORE PALTIMORE PERFORMANCE 134. STREET ADDRESS / ZIP CODE BALTIMORE PERFORMANCE 135. STREET ADDRESS / ZIP CODE
MORE, MARYLAND e executed within 24 n and completely filled Pages 1 old 2 should medical examiner upts	MD. BALTIMORE YES NO 662 PITCHER STREET Is MOTHER'S MAIDEN NAME FIRST 100 MIDDLE LAST 15 MOTHER'S MAIDEN NAME FIRST 100 MIDDLE LAST
10) W. PRESTON ST., BALTI	18 CAUSE OF DEATH (Enter only one couse per line for 101g/b), and (C). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (B) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
ON OF VITAL RECOR	190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT
OR ATTENDI he hospitol or DIRECTOR: A roched for use bept. of Heal	WHILE AT WORK NOT WHILE AT WORK NOT WHILE NOT
TO HOSPITAL retoined by 1 TO FUNERAL should be det with the Stort IMPORTANT	S. S. DANG M.S. 40 S. Sundalt the Baltomy 1236 DURIAL, CREMATION, REMOVAL 1236, DATE 287 124 NAME OF CEMETERY OR CREMATORY 1236 LOCATION BUYOR TOWN BUYOR TOWN BY THE COUNTY Md. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR James A MODEN LSONS BOLLS, Md. 250. DATE REC'D. By REGISTRAR'SSIGNATURE Julia Danaly Redden

And the second s

		EASED NAME	MIDDLE	the state of the s	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ge 3	(116.5	ALEXAN	DER, NMT	KEIFER	09	18 87 725A
ge 4 may ector. pog	3. SEX	MALE	BLACK	5. DATE OF BIRTH	YEAR 55 YRS	MONTHS DAYS HOURS M
P C Paris		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED ☐ NEVER MARI	RIED A BALTIMORE CITY OR COUNT	
de off		MD	usa		CED [] BALTIMOR	ECITY
oy the fi	_	SALT CITY	(IF NOT IN SUCH FACILITY, GIVE STREE (IF NOT IN SUCH FACILITY, GIVE STREE (IA) (VDF MAR)		TION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Une Moloved	126 KIND OF BUSINESS
filled in a must be	USUA 13a S	L RESIDENCE (IF NURSING HOME O TATE 136 COU	NTY 130. CITY OR TO	WN 113d INSIDE CITY I	LIMITS? 136 STREET ADDRESS / 71P COD	in the same and a second
\$ 2 E	14. FA	THER'S NAME FIRST GUY	Alexand	15 MOTHER'S MA		Tames
. Pages		(AS DECEASED EVER IN U.S. AF		URITY NO 17 INFORMANT	th Botts 252 Rob	pet Street
by the attending physicise remave carbonpoper, i, cremation, ar remaval.		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), of DBY: TE CAUSE (a) RESPUL DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	atory Cessa	tion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
s been signed irmit. Then ple prior to burio s any injury, ar	CERTIFICATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO		ES, WERE FINDINGS USED
al-transit pe al-transit pe atal Hygiene em 18 shaws		2] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIB	DAY YEAR		ES NO
is the burial-in as the burial-in h and Mental inked at hem	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION	CITY OR TOWN	COUNTY STATE
of Healt		sow the deceased alive or	ottol) ottended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	Colon I	9 \$7 , to 9/18/197 popinion death occurred on the date and ha	that (I) (we) I that one of the courses stated
RAL DIKE detached tate Dept. NT: If them		224 SIGNATURE PICK	ney MD	PHY	NDING MEDICAL STAFF SICIAN DIRECTOR PHYSICIAN	9/18/87
ould be the Signature of the Signature o		22d. PISMAME (TYPE	ORPR O	220 ADDRESS	S. Greene St. BAC	+ MD 2/201

De 543 8 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION I ANSDOWNF 9/23/87 BURIAL MOUNT ZION CEMETERY BP. 24 FUNERAL DIRECTOR

MARCH F/H, INC.

1101 E. NORTH AVENUE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT AT HYGIENE CERTIFICATE OF DEATH

REG. NO

MONTH

2b. HOUR

126 KIND OF BUSINESS OR

BACT MD 2/201

IF UNDER 74 HRS

87 that (It (we) last

SEP 22 1987

066540 SEP 23

REGISTRAR

SEP 2.2 997

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND & DEPARTMENT OF HEALTH AND MENTAL-HYGIENE

CERTIFICATE OF DEATH

600	5	3	9	2
	5.6			

		REGISTRAR					REG. NO).			
-1		CEASED NAME FIRST	MIDDLE		AST		20. DATE OF DEATH	MONTH DA	_	26 HOU	R
	{ I YPE	LATIME	ER BRI	ECK	ALEXANDE	R		9 29	9 87	9:50	A M
	3. SE)	х	4 RACE	5. DATE O	OF BIRTH	6	AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER	
		Male	White	MONTH 9	19	ŏ7	80	YRS	ONTHS DAYS	HOURS	MIN.
A	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8.			BALTIMORE CITY O		F DEATH		
7		COUNTRY)	-7	MARRIE	D NEVER MARI	RIED 📙	occurs of the contract of the				
4		orth Carolina	U.S.A.	WIDOWI			Baltimor		12L KIND O	E DITEINE	MD.
	10. CI	IT OR IOWN OF DEATH		Y, GIVE STREET ADDRESS)	OF OTHER INSTITUT		(TYPE OF WORK FOR MOST O			Pharm	130 CV-
/		Baltimore /		s Hospital			Pharmacist		Propri	etor	acy
1	130 S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RES	TY OR TOWN	113d. INSIDE CITY L	IMITS?	3e. STREET ADDRESS				
2				lav		N N	1105 Franc	is Ave	enue	2122	7
17		ATHER'S NAME		1	15. MOTHER'S MA	IDEN NAM	E				
51	1	Latimer	Progle 7	last	FIRST Maha	1	Fligsboth		Danles		
-3	16a M	VAS DECEASED EVER IN U.S. AR		lexander, S	r. Mabe	1	Elizabeth		Rank	1.0	
1		YES, NO OR UNKNOWN) (IF YES, GA	VE WAR OR DATES)						21227		
-		NO	21	5-05-0013	Carole	Alexar	nder 1705 A	rlingt	on Ave	3	
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for	r (0), (b), ond (c).)					BETWEEN	MATE INTER	DEATH
		PART I. DEATH WAS CAUSE	DAY	15							
				MONARY	EDEMA						
		Condition of the		CONSEQUENCE OF	DID CE	FRERD	AL VASCULA	DIE	مام		
		Conditions, if ony, which	(b)	STURY OF	000 00		The Thisever	15 01361	7-		
		couse (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF							
		underlying couse lost.	(c)								
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART 10	0.	
	O	HY	POTHER	MAA - 80	OF ON	ADM	115510N				
X	AT	19a DATE OF OPERATION	1% CONDITION F	OR WHICH OPERATIO			200 AUTOPSY?		WERE FINDIN		
7	CERTIFICATION						YES TO NOT	YES YES	ING CAUSES	OF DEAT	
	ER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJU	RY	21c. HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PAP	T 1 OR PART 2)		_
1		OR CONTRIBUTING CAUSE OF DE									
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)		19	211. LOCATION						
	WED		(AT HOME, STREET, FACT	TORY, OFFICE FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	S	TATE
		AT WORK AT WORK									
		22a. I certify that (1) (this hosp	ital) attended the decea	osed from	, 1	9	, to	, 19	9	thot (I) (we) lost
		sow the deceosed alive on above, (1) (we) (did) (did no) wew the hady ofter d	19	nd that in (my) (aur) opinion de	eath accurred on the de	ate and hour o	and from the	couses sto	ated
		22b. SIGNATURE	or view the body offer a		DEGREE				22c. DATE	SIGNED	
		1 5	51	0	ATTE	NDING _	MEDICAL STAL		91	18	-7
-		22d PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 22d ADDRESS								110	
		ZZO, PHY MANE (TYPE	OR PRINT!		224. ADDRESS	- n		. 1			
		JAMES	E. IAYL	OP	2	·H	GNES	HOSP	ITAL		
		BURIAL, CREMATION, REMOVAL	236. DATE	23c NAME OF C	EMETERY OR CREA	MATORY	23d LOCATION				
	- (Burial	10/1/87	Meadown	cidge Mem	. Pk.	Elkridge	Howar	d Ma	aryla	and
	24. FL	UNERAL DIRECTOR	20/2/01		229	25a. DATE				_	
		NAME	T	ADDRESS		DOT	- 2 4007	Asi K		0. 1	
	HU	bbard Funeral E	Home, Inc.	410/ Wilker	ns Ave.	JUU I	2 1987	Spire of	conductor	STATE	

PRESTON ST. DIVISION OF VITAL Hygie 8 Mental prked Should be determined to with the State D MPORTANT

STATE OF MARYLAND 35 CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO CEASED NAME FIRST MIDDLE 20 DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) Anna britton 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR YEAR 00 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED MD. IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OF CUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? limore 1: WORK NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY. BETWEEN CHUSET AND ORATI IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF snirationa Conditions, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO NO I 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN STATE NOT WHILE AL WORK 27s I certify that (1) (this haspital) attended the deceased from saw the deceased alive on and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated obove. (Juliwe) (didicidid not) view the body after death 77% SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF Suffer Cultur DIRECTOR PHYSICIAN **PHYSICIAN** 224 PHYSICIANS NAME (1991 OF PROVI 23e BURIAL CREMATION REMOVAL 23b DATE THE MAME OF CEMETERY OR CREMATON 24 FUNERALDIRECTOR 250. DATE RECO. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

etely filled in by the funeral director, page 3 12 should be filed within 72 hours ofter death

0	6	7	1	6	7	SEP	FOR ATE GISTRAR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25394

DU UNEGISTRAR		CERTIFICATE OF DEAT	REG. NO	the Millian I was a second
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY / YEAR 26 HOUR
MILDRE	D	ALMONY	9	28 87 10:30 A.M
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	ii ii ii ii	.7 69 _{YF}	MONTHS DAYS HOURS MIN.
78. BIRTHPLACE (STATE OF FOREIGN	16 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI	9 BALTIMORE CITY OR COU	NTY OF DEATH
Colorado	USA	WIDOWED A DIVORC		JY MC
Baltimore	11. NAME OF HOSPITAL, NURSIN (HE NOT IN SUCH FACILITY, GIVE STREET, North Charles G	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE IN NURSING HOME OR 130 STATE 13b COUN Maryland	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY 13c. CITY OR TOWN Baltimo	N 113d INSIDE CITY LIV	2501 5 1 1 4	venue 21211
FATHER'S NAME FIRST Fred	Wells	15 MOTHER'S MAI Emali	MIDDLE	Wells
16a WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	IRITY NO. 17. INFORMANT	ADDRESS	
No -	457-30-2	329 Donna Pi	ttinger 3447 Ebene	zer Rd. 21047
PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), one D BY: E CAUSE (a)	ATIC CARC	INOMA OF LUN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) EN DOME DUE TO, OR AS A CONSEQUE (c) C R O N		CINOMA RY DISEASE	
PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER 2		DEATH BUT NOT RELATED TO THE OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
OR CONTRACTOR CAUSE OF OR	TH HOUR A.M. MONTH DA	AY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM	A TB PART I OR PART 2)
UIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f. LOCATION		
A SOUTH NOT WHITE	(AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
	tol) attended the deceased from	9 24 19	opinion deoth occurred on the date and	S 19 87, that (I) (we) los
obove, (I)(wt) (did) (did not	t) view the body ofter death.	DEGREE		22c. DATE SIGNED /
A.C. Cham	rality m.b.	ATTEN	DING MEDICAL STAFF	6 9/28/8'
A.C. CHO		22e ADDRESS		N. HOSP. 212
230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		sters Cemetery or crem.	CITY OR TOWN	COUNTY Marylan
24 FUNERAL DIRECTOR	ADDRESS		250. DATE REC'D. BY REGISTRAR 256. REC	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please rimove carbon papers. Permit the State Dept. of Health and Mental Hygiene prior to burial, cremation or removal.

EUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 37 and 2 should be filed within 72 hours offer deets.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH L DECEASED NAME MONTH een 6 AGE (IN YEAR): AST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 4. RACE DATS Jack 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY) WIDOWEDIX DIVORCED] 126 MIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OCITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 1136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE YES X NO T HVE 21215 Himoro 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO, OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 4 horas Sm Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [NO M YES 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDIC/ 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 22a.l certify that (1) (this haspital) attended the deceased from that (I) (we) last and that in (my) (aur) opinian death accurred on the date and have and from the causes stated saw the deceased alive an adid not) view the bady after death. 221 PATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSIGIAN'S NAME ALR, MD MOVE Show the 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE

Arbutus Memorial Park

COUNTY

Julia Divideon Randale

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Arbutus

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

(SPECIFY)Buria

24 FUNERAL DIRECTOR

9/12/87

March F/H West 4300 Wabash Avenue

065667 569 1567

6 4 8 5 3 SEP -

- STATE REGISTRAR

OR PRINT)

COUNTRY

130 STATE

Male

Maryland

Baltimore

Phillip

Maryland

FATHER'S NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. FIRST 7h HOUR Thomas AMRHIEN 4 RACE 5 DATE OF BIRTH LINE WEARS CASS BIRTHDAY HChild's White MONTH YEAR March 1911 76 YRS. **BALTIMORE CITY OR COUNTY OF DEATH** O. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City WIDOWED XX DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O. CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IENOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Union Telefortal Hospital Ret. State of Md UAL RESIDENCE FIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13h COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? YES XX NO 1806 Northbourne Baltimore 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Amrhien Lillian Christensen ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 216-03-9613 5321 Plainfield Ave 21206 Kenneth Gegner 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY Acute Renal Fail une IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF METASTATIC Bladder Cancer Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20h, IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH?

cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 90 DATE OF OPERATION NO F YES NO YES T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH CIE EITHER NOTIFY MEDICAL EXAMINERS 211 LOCATION 21d INTURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 NOT WHILE 270.1 certify that (1) (this hospital) attended the deceased from sow the deceosed alive an and that in (my) (our) opinion death occurred an the date and haur and from the causes stated above, (1) (we), (did) (did not) view the body after death

226 SIGNATURE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

Soundays - Handell

WEndie

BAV MD 201 University Parkway

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

23c NAME OF CEMETERY OR CREMATORY Gardens of Faith

22e ADDRESS

DEGREE

23d. LOCATION Maryland

24 FUNERAL DIRECTOR

Leonard J. Ruck Inc. 5305 Harford Rd

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7784 (VRA 15, 4)

And the wall among the contract of the contrac

and the state of t

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumatic ev

BP.

DHMH - 16 80M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10	REGISTRAR			CERTIF	FICATE OF DEATH	REG. N	0		
	DECEASED NAME PER OR PRINT	IRST	WIDDLE		LAST	20. DATE OF DEATH		YEAR	2b HOUR
(1)		mma	Lee	An	derson	Sen	tember 3	3, 1987	1018P M
3. 5	SEX	4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
	Female	Whi	te	Marc	ch 12, 1915	72	- YRS	THS DAYS	HOURS MIN.
7a.	BIRTHPLACE (STATE OF FORE	IGN 76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	Maryland	US	A	WIDOW		Baltmore	City		MD
10	CITY OR TOWN OF DEATH	S AFFERDS MICH	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATE		12b. KIND OF	BUSINESS OR
	Baltimore				ral Hospital	Homemaker			Home
	UAL RESIDENCE (IF NURSING	COUNTY	GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 710 CODE		
	Maryland A		Glen Bu		YES NO NO	115 Garret			21061
45	FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			
1	Joseph	MIDDLE	Farris		Nettie	MIDDLE M.		Kiawe	
60	WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS 269 La		Circle
1	NO NO	NA	215.40.59	145	James T. Gr	oss		-	c, Md.21
	18 CAUSE OF DEATH	inter only one cause pe	•		1	Λ	T		MATE INTERVAL
	18 CAUSE OF DEATH (I	CAUSED BY: MEDIATE CAUSE (a)	OF Car	dias	c. tampo	olo ome	3		
NO		CANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART 110	
CERTIFICATION	190 DATE OF OPERATIO	N 19b. CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING		
		SE OF DEATH HOUR A	.M. MONTH DA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OPART 2)	
MEDICAL	214 INJURY OCCURRED		.M. OF INJURY	19	ZII LOCATION				
ME	WHILE NOT WHILE	LAT HOME ST	REET, FACTORY, OFFICE, FA		STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (I) (the saw the deceased of	alive on 9/3	19	87.0	nd that in (my) (our) apinion	, ta9/3 death accurred on the do	, 19		hat (I) (we) last auses stated
	22b. SIGNATURE	(did not) view the bad	vatter death.		DEGREE			221. DATE S	SIGNED
	Robert	RRAnun	~		ATTENDING PHYSICIAN	MEDICAL STAF		9/3	187
	224 PHYSICIAN'S NAME	(TYPE OR PRINT)	0		22e ADDRESS	and the second			
	RAMI RE	2 ROBER	TR		3001 S. H	lanoven st.	Balt 1	us	
23a	BURIAL, CREMATION, REA	AOVAL 236 DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Buria1	Sept 8	, 1987 G1	en Ha	aven Mem. Park			Co. M	arvland
24	FUNERAL DIRECTOR	H				E REC'D. BY REGISTRAR			
C	Singleton Fun	oral Home	Clan Rura	nie	Maryland S	FP8 1987	1 in Ko	rider . T	andres.

BP

DHMH-16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND	1
DEPARTMENT OF HEALTH AND MENTAL F	IYGIENE
CERTIFICATE OF DEATH	

3 99 25

15	FOR STATE OFFGISTRAR		DEPAR		EALTH AND MEN		IENE REG. N	2 5	53	99	
	CEASED NAME	FIRS†	WIDDLE	i	AST		20 DATE OF DEATH	MONTH	DAY Y	YEAR	2b. HOUR
(TYP	E ORPRINTI	EE	C.	AND	ERSON, SI	R.		9	11 8	7	05.50 M
3. SE	X	4. RACE		5. DATE C			& AGE IN YEARS LAST BE	RTHDAY)	IF UNDER		IF UNDER 24 HRS
	MALE	WHIT	E.	MONTH 9	21	YEAR 22	64	YRS	MONTHS	DAYS	HOURS MIN.
70. B	IRTHPLACE (STATE OR FOR		WHAT COUNTRY	(2 8	/-		9 BALTIMORE CITY			ATH	
	NEBRASKA	U.S	Α	WIDOWE	DEVER MAR	RCED	BALT	IMO	RE C	17	1 MD
	ITY OR TOWN OF DEATH	1 11. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITU		120 USUAL OCCUPAT		12b. K	IND OF	BUSINESS OR
	Postano	(IF NOT IN SI	ICH FACILITY, GIVE STRE	ET ADDRESS)	nital		(TYPE OF WORK FOR MOST				ederal
	AL RESIDENCE (IF NURSING				/		Data Proce	255 LII	ginor	Lyay	e Board
		Do I to many	13c. CITY OR TO		YES TO NO	_	13e. STREET ADDRESS	106			0.00
	Maryland	Baltimore	Lansdo	wne	15. MOTHER'S M	AIDEN NA	1722 Wils	ion A	venue	21	227
	FIRST	MIDDLE	LAST		FIRS	T	MIDDLE			LAST	
_	Bowers		Ande:			ffie	ADDR	ECC		Cole	man
	WAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)			17. INFORMANT		ADDR	2	1227		
	YES	II WW	215-12-	-2910	Robert I). And	derson 3145	Rye	rson (Circ	·le
	18 CAUSE OF DEATH	Enter only one couse p	er line for (o), (b), o	and (c).)	, ,				86	APPROXIM	NATE INTERVAL NSET AND DEATH
	PART I. DE ATH WAS	AMEDIATE CAUSE (a)_	V	ent a	mestale						
		DUE TO	DR AS A CONSEQ	HENCE OF	1						
1	Conditions, if ony, v		SK AS A CONSEC	acut.	pulm e	dema	Servere (+	PF			
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	underlying couse	last.	DR AS A CONSEQ	Acrit	MI						
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F	W 50 T T						YES TO NOT	IN CER	YES []	AUSES	OF DEATH?
ER -	21a ACCIDENT WAS UNDER	TYING [7] 216 TIME	OF INJURY		21c HOW INJUR	RY OCCURE	RED (ENTER NATURE OF IN)	IRY IN ITEM		ART 21	
	OR CONTRIBUTING CA	110110	A.M. MONTH	DAY YEAR			TETTIER TOTAL OF THE				
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l a	21d. INJURY OCCURRE	LAT HOME	TREET, FACTORY, OFFICE	E, FARM, ETC }	STREET		CITY OR T	OWN	cou	NTY	STATE
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	226. SIGNATURE	VII			DEGREE				220		SIGNED
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23p	BURIAL, CREMATION, RE	MOVAL 236 DATE	1 230	NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	1	the death with the be executed within 24 hours ofter death. Page 4 may be	1 8	5
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		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that retoined by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the obsence of income and completely illied in by the funeral difference page 3.5. should be detached for use as the buriol-transit permit. Then please removed in page 7. Pages 7 and 2 should be detached for use of Health and Mental Hygiene prior to buriol committee and income an emocral.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the hedical examiner of
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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND ten 5,	Film 4631 9-14-8
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	REG. NO.
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE

d		REGISTRAR	Thomas	Anelle		CERTIF	ICATE OF DEATH	REG	. NO.		
8		CEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	HTMOM H	DAY YEAR	26 HOUR
•	THE	OR PRINTITLE	mins	5		An	2110	9-	9-8	37	12 PM
1	3. SEX	(4 RACE	1000	S. DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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A		RTHPLACE STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CIT	Y OP COUNT	Y OF DEATH	
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5	7	OR TOWN OF DE			HOSPITAL, NURSIN		R OTHER INSTITUTION	12a. USUAL OCCUP			F BUSINESS OR
1	20	Salfimor		beh	Raven	V.F	44		ion	Balte	. City
	130. S	LATE THE	MISK COUN	1IA	13 CITY OF TOW	ADMISSION)	13d. INSIDE CITY LIMITS?	WOLKET 13. STREET ADDRES	SS / ZIP COD	Æ	0.3
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2	H. FA	THER'S NAME FIRST		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDL	E 9	4 4	
	/			Anello	to the		The second second	Posietta	DOCCE - A	1 04	40
7]		VAS DECEASED EVE	(IF YES, GIV	E WAR OR DATES	166 SOCIAL SECU		17 INFORMANT	422 Wat9			207
		Yes	Who	'IL			Thomas Anell	Lo Baltimo:	re cary		
		18 CAUSE OF DEA			line for (a), (b), one	diens		+		BETWEEN	MATE INTERVAL ONSET AND DEATH
				E CAUSE (o)	Cordin &	onen	and or	1/80)			
				DUE TO, O	R AS A CONSEQUE	NCE OF				116	A
8		Conditions, if on		(b)_	miso	XIL				. , ,	
1		couse (o), state	ting the	DUE TO, O	RAS A CONSEQUE		in to shipe	Juna C	19	Zy	pers
1				(c)			NOT RELATED TO THE TERM	AINIAI DISEASE OD C	ONDITION CI	DVENT INT DARK N	
J	NO	hx WI		CHBO		W. V	OU D	WIINAL DISEASE OR C	DINDINONGI	IVEN IN PART HE	,
4	ATI	19a. DATE OF OPER	-			OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
4	CERTIFICATION	******	_	ALC: Y	-			YES NO	./	IFYING CAUSES	NO [
7	CER	210. ACCIDENT WAS U	_	216. TIME C		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM TB	PART I OR PART 2)	
	CAL	OR CONTRIBUTING	-		M. MOITH DA	19					
	MEDICAL	21d INJURY OCCU	RRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ABAL ETC I	21f LOCATION	CITY C	OR TOWN	COUNTY	STATE
	Z	AT WORK NOT N	WHILE O	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.			,		
		22a.1 certify that ((1) (this hospi		e deceased from_	91	7/8 19 87	, to	9/9	19 87	that (1) (we) lost
		sow the deced obove, (I) (we)	osed olive on	9/7		, or	nd that in (my) (our) opinion	deoth occurred on th	e date and ha	our ond from the	couses stoted
		226. SIGNATURE	10	11	7 - unh		DEGREE			220 DATE	SIGNED
		/ Kore	ee g	·	9 1115		ATTENDING PHYSICIAN (MEDICAL S	STAFF YSICIAN (9/	9/87
		226 PHYSICIAN'S	NAME (TYPE C		*		22e. ADDRESS		A)-8/1		
		Kenée	E.	Corle	1. WI.D	11-11-1					
	- 0	BURIAL, CREMATION	N, REMOVAL	The state of the s	Acres 1 and 1		EMETERY OR CREMATORY	23d LOCATION	*477-	W gounty	STATE
	1	Burial		9/12	/87 Md	. vet	erans Cemeter				
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STATE OF MARYLAND STATE OF MEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR			CERTIFI	CATE OF	PEAIN	REG. 1	10.			
5,8 2 oc	l DE	REASED NAME FIRE	heodore	J.	Ang	elus		20 DATE OF DEATH	MONTH	30 S	VEAR 87	26. HOUR 6
ter d	3 SE	X	4 RACE		5. DATE O	F BIRTH	YEAR	6 AGE (IN YEARS LAST B	RTHDAY)	MONTHS		# UNDER 24 HRS
urs of or	LUC .	Male	White		Sept	. 15	1884	103	YRS			
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1144		TY OR TOWN OF DEATH Saltimore Cit		HOSPITAL, NURSIN HEACILITY, GIVE STREET A 1011 Memor				(TYPE OF WORK FOR MOST Ret Re	OF WORKING	LIFE) INDL	KIND OF USTRY	BUSINESS OR
HE	130 S Ma	ryland	OME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE 136 CITY OR TOWN Baltimor		13d. INSIDE C	NO 🗆	13e STREET ADDRESS 4409 Loc	/ ZIP CO h Rav	en Bl	Lvd.	21218
(IW)	14. FA	THER'S NAME FIRS John	MIDDLE	Angelu	s	15 MOTHER	S MAIDEN NAM	MIDDLE		Unk	now	a
1	16a \	VAS DECEASED EVER IN U		166 SOCIAL SECU	RITY NO	17 INFORMA	NT	ADDI	RESS			
Pog med	(O OR UNKNOWN)	YES, GIVE WAR OR DATES)	218-18-6	046	Mrs	. Kathe	rine Dooni	s Se	me as	#17	3e
physicio an popers emoval.		18 CAUSE OF DEATH (EARLY DEATH WAS CO	nter only one couse per AUSED BY: AEDIATE CAUSE (0)	PESPIR		Y 1	TRRES	Т		BE	APPROXIM TWEEN OF	NATE INTERVAL NSET AND DEATH
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has been it permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION		RMED	20a AUTOPSY?	IN CER	YES, WERE TIFYING C YES [GS USED OF DEATH?
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attending s the burn ond Me ked or It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (ARM, ETC)	21f LOCATION STREET		CITY OR 1	OWN	cou	INTY	STATE
CTOR. After use of Health		22a. I certify that (I) (this saw the deceased of above, (I) (we) (did) (0 1	29 19	1	d that in (my)	(our) opinion	death occurred on the	3 0 date and h	19. A		hat (we) last ouses stated
AL DIREC Jetached ore Dept IT: If them		226. SIGNATURE	1111				ATTENDING PHYSICIAN [MEDICAL ST.	AFF ICIAN D	220	DATES	IGNED - ST
TO FUNERAL should be deriven the Store		ZICHARD J. T				220 ADDRES		MORIAL	HESP	ITAI		
ē ≒ 4 ≯ ₹		BURIAL, CREMATION, REM	OVAL 236 DATE	23c N	IAME OF CI	METERY OR	CREMATORY	23d. LOCATION		COUNT	Y	STATE
3P		Burial	10-1-	87	Greek	Cemet				Balti		
MH - 16 60M 7/84 (VRA 15, 4)		uneral director Leonard J. R	uck, Inc.	Baltimor	e, Ma	ryland	OCT	REC'D. BY REGISTRA	1 // 0	Jend.	-	RE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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-							NLO. IN	J.					
1		EASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	R	
1	(1117)	MARGARET	SARAH		ANTHONY		September 5,		1987 2:55		5 PM		
1	3. SEX	3. SEX 4 RACE			5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIR		IF UNDER		IF UNDER		
ı	Female White			9	Octo	ber 17, 1915	71	V.00	MONTHS	DATS	HOURS	MIN.	
1	To BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUN			WHAT COUNTRY?	8		9 BALTIMORE CITY C	R COUNT	TY OF DE	ATH			
1		ountry) ennsylvania	U.S.A.		MARRIED NEVER MARRIED								
	Laboratory and the same of the				RSING HOME OR OTHER INSTITUTION		Baltimore City 12a USUAL OCCUPATION 12b KIND OF BU				F BLISING	MD.	
1		/	(IF NOT IN SUCH FACILITY, GIVE STREET A		(DDRESS)		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					.55 01	
1	Baltimore Villa St. Mich					rsing Home	Homemaker Own Home						
7	13a. STATE 136 COUNTY 13c.			13c. CITY OR TOW	BE CITY OR TOWN 13d. INSIDE CITY LIMITS?			13e STREET ADDRESS / ZIP CODE					
1	(Auriana	*	Arundel	Severn		YES NO X	1914 Foxho	und	Ct.	2	21144		
ì	FATHER'S NAME FIRST MIDDLE			LAST	15. MOTHER'S MAIDEN N		MIDDLE			LAS1			
Ş	Hir	am		Garber		Ida	Sarah		В	urni	field	d _	
		160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECU			RITY NO.	O. 17 INFORMANT (Son) ADDRESS Same as							
¥	100	NO N/A	t was Os Daits;	302-46-89	930	Mr. Gerald T.	. Anthony, Sr.			# 13			
η		18 CAUSE OF DEATH (Enter only one couse per line for you, (b), and (c)								APPROXU	MATE INTER	DEATH	
1		PART I. DEATH WAS CAUSE	D 8Y		EBR.	AL THRO	MBOSIS	-					
	IMMEDIATE CAOSE (0)												7 (4)
		DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if ony, which gave rise to immediate											
		cause (0), stating the UDE TO, OR AS A CONSEQUENCE OF underlying cause lost.											
		(c)											
	z	PART POTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0											
Ц	CERTIFICATION			USETTSE	j		1	Ton or a	1.450	F			
1	ICA	190 DATE OF OPERATION	ION FOR WHICH OPERATION W		N WAS PERFORMED				WERE FINDINGS USED ING CAUSES OF DEATH?				
4	RTIF						YES NO		YES 🗍		NO []	
-		OR CONTRIBUTION OF GRAND HOUR A.M. MONTH DAY TEAK							PART I ORP	ART 21			
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19											
	EDI	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA			AGAA ETC 1	211 LOCATION STREET CITY OR TOWN COUL						TATE	
	2	WHILE NOT WHILE AT WORK	(Al riome sit	REI, FACIONI, OFFICE, FI	ARM, ETC J								
		220 I certify that (I) (this haspi	tal) attended th	e deceased from_		. 19	, to		. 19		that (I) (we) last	
		saw the deceased alive an											
		270 SIGNATURE DEGREE 22c. DATE SIGNED											
		MAD ATTENDING MEDICAL STAFF Q1.									182		
-	-1	22d PHYSICIAN S NAME (TYPE OF PRINT) 122e ADDRESS								10	18)		
	Dr. Tasneem Lakhani 722 Park Heights Ave. Baltimore, Ma										22771:	has	
						1		-41 (1	more	1110	тТАТС	AIIG	
		URIAL, CREMATION, REMOVAL	Sept.			EMETERY OR CREMATORY County Mem. Pl	23d LOCATION CITY OR TOWN		COUNTY	Y	5	TATE	
		Burial	198	37	CIAC (waynesbu		Freen		PA	A	
	24 FU	Singleton Funeral lome, Glen Burn				onie. Marvland SEP8 1987 Aug. 50.							
-1	51	ngleton Funera	Home.	Glen Burn	nie. I	Maryland 0	SEP 8 1987	1.1.			S .		

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0661	2 SEP 8	87_	FOR STATE REGISTRAR	DEPAR	STATE OF MAR' TMENT OF HEALTH AN CERTIFICATE O	D MENTAL HYGIENE	2 : REG. NO.	5403	
	4 6 E		CEASED NAME FIRST	MIDDLE	LAST	20. DA	TE OF DEATH MONTH		b HOUR
	oy be	3. SEX	ANNA	I RACE	5. DATE OF BIRTH	A AGE	(IN YEARS LAST BIRTHDAY)		DZYO M
	fler. p	3. 3E	F	caucasian	MONTH DAY	32 5	5 YR	MONTHS DAYS	HOURS MIN.
-	35	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVE	R MARRIED . 9. BAL	Parts Coul	NTY OF DEATH	MD.
101	1 18	B	attimore	11. NAME OF HOSPITAL, NURS UNIVERSITY OF	MD Hospita	MIEMES 120 US	UAL OCCUPATION FORK FOR MOST OF	126 KIND OF I	SUSINESS OR
AND 213	135	130 5	TATE BA	OR OTHER INSTITUTION, GIVE RESIDENCE GEF INTY 13c. CITY OR TO	WN 13d INSID	NO 113	REET ADDRESS / ZIP CO	DDE 21231	
MARYL	1 130	-	TON T	MIDDLE Antilite	2 B	er's maiden name efirst	MIDDLE Hav	rringfo	n
PRESTON ST., BALTIMORE	or cond s. Poges a medic		(AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEI IVE WAR OR DATES) 316 - A	8-699/	Sucar.	And II	13/ Hue	230
ST., BAL	a physical on papel company of the control of the c		PART I. DEATH WAS CAUS	only one couse per line for (o), (b), (ED BY:	C Shock			APPROXIMA BETWEEN ON:	SET AND DEATH
ESTON	e deoth ce nove corb otion, or r troumotic		Conditions, if ony, which	DUE TO, OR AS A CONSECT	WENCE OF	is frittle			
≥	by the ose rer other		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	VENCE OF -	sutus '			
RDS, 20	equires the signed Then plect to buriol injury, or	NO	PART 2 OTHER SIGNIFICANT	conditions contributing to	DEATH BUT NOT RELAT		SEASE OR CONDITION	GIVEN IN PART 110	
DIVISION OF VITAL RECORDS, 201	The low riction. Ite hos bee nist permit. Ygiene prior shows ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PER	RFORMED 200 YES	IN CE	YES, WERE FINDING RTIFYING CAUSES O YES []	
OF VITA	ding physicio ding physicio is certificate i buriol-transit Mental Hygie or Item 18 sho	_	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	INJURY OCCURRED (EN	ITER NATURE OF INJURY IN ITEM	18 PART I OR PART 2}	
VISION	DING PHYS or offerthis cie os the bur olth and Me marked or It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCA	ATION REET	CITY OR TOWN	COUNTY	STATE
۵			22a.1 certify that (I) (this hasp	pitol) ottended the deceased from		ny) (our) opinion death of	ccurred on the date and		ot (I) (we) lost uses stoted
	the hospital at DIRECTOR etoched for un te Dept of He i. If Hem 21 is		22b. SIGNATURE	and Oppoin	DEGREE	ATTENDING MED PHYSICIAN DIREC	ICAL STAFF	220 DATE SH	(8) SNEODLY3
	TO HOSPITAL retoined by th TO FUNERAL should be deti with the Stote IMPORTANT:		22d PHYSICIAN'S NAME (TYPE	K. SAXENA	27e ADDI M. /.				
	Of Odd MA	23a B	URIAL, CREMATION, REMOVA	L 23b. DAJE 23	NAME OF CEMETERY C	OR CREMATORY 134	CATION A /	1 460	900
	BP	1	Illial	7/19/87	tall exe	Jam. 1	M Celche BY REGISTRAR 256 REC	Hyleus	y/he
	DHMH - 16 60M 7/B4 (VRA 15, 4)	0	tails I Sh	rens Junes	Time	Ec. SEP 1	7 1987	Tundam Ros	Carlo.

STATE OF MARYLAND 8 7 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	2.0	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO).		
- 6	1 DE	CEASED NAME	FIRST	1	MIDDLE	I	LAST	20. DATE OF DEATH		Y YEAR	26 HOUR
1	LITTE	DOL	LORES	MAI	RIE	ANTKO	WIAK	September	22	1987	150 A M
1	3. SEX			4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
4		Female	450	white		Septe	ember 28 1930	56	YRS	DATS	HOURS MIN.
d		RTHPLACE (STATE OR FO	OREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY C	F DEATH	
7		rvland	4	us	A	WIDOWE		BALTIMO	ME CITY	7	MD
-	15	ACTI MUNE	/	SOUTH B	ACTIMENE GE	ADDRESS) EN HOS	PITAL	120 USUAL OCCUPATION CLERICAL	ON FWORKING (CES)	126 KIND C INDUSTRY, State	e of Md
\$		AL RESIDENCE (IF NURSI STATE	136 COUN	other institution, ity ArundeL	130 CITY OR TOW	'N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 312 High/and		2106/	
- College	14. FA	ATHER'S NAME FIRST IRVIN	E1me	MIDDLE	Mc Cauley		Josephine	WIDDLE		CHEST	
	17	VAS DECEASED EVER YES, NO OR TIMENOWN)		E WAR OR DATES)	212.26.0		David Antkow	on) Viak 317 Ste		ve Ari	21012 nold,Md
1		18. CAUSE OF DEATH PART I. DEATH W.	1 (Enter an	ly ane cause per	CARDIOPU					BETWEEN	ONSET AND DEATH
)	CERTIFICATION	MACNUTUTE		ON, AG	ODITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TILL ACCUPATE ASSUSE, GI BLEED 190. CONDITION FOR WHICH OPERATION WAS PERFORMED				20b. IF YES,	WERE FINDIN	
5	RTIF	NA					YES NO	YES		NO 🗌	
,	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING C C (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DEA) P.	M. MONTH DA M.		21c HOW INJURY OCCURE				
	ME	WHILE NOT WHI	ILE	(AT HOME, STE	PEET, FACTORY, OFFICE, F	ARM, ETC)	N/A-	CITY OR TO	WN	COUNTY	STATE
	H	22a.1 certify that (1) saw the decease abave, (1) (we) (d	d alive an	9	-22 19	0-7	nd that in (my) (aur) apinian	death accurred an the do	te and haur o		that (I) (we) last causes stated
		22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D						The DATE	21/87		
		ROBERT	R.R.	quiner	0		3001 S. HANON	enst. BALTIA	une.L	up	/
		BURIAL, CREMATION, I	REMOVAL	23b. DATE Sept 2			emetery or crematory e Nat'l Cemete	P	e		Maryland
		UNERAL DIRECTOR	2 Olay	Ch.	ADDRESS.	10 1	250. DAT	PEREC'D. BY REGISTRAR	256. REGISTRA	AR'S SINA	URE
	21	ngleton Fu	neral	nome,	gren burn	ire, L	Id. 21001 PEP	24 1987			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician. BP.

> DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been as should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prior to MPORTANT: If Item 21 is marked or Item 18 shows on

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			Descent and		
		The same	Yo. 1		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Colorida	
	the spherical box				
				trackeh	
		A. 16			
	The second second				
Agricultural St. Co.					
Today and the same of the same	•			P4 4 331 B 3	

67252 SEP 30 97- STATE 9/30/87 DAD DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5405

1 DECEASED N	VAME FIRST	MIDD(E	1	AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
(CONTAINED	BABY	воу	ANYANW	U	SEPTEMBER		9:39PA
3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		
MALE		BLACK	707	706/1987 YEAR		YRS 2 12	
	E (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	UNTRY?	D NEVER MARRIED X	9 BALTIMORE CITY O	R COUNTY OF DEATH	
MARYI	LAND	USA	WIDOW		BALTIMORE		М
	TIMORE	M. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G THE JOHNS H	TVE STREET ADDRESS)		120 USUAL OCCUPATI		OF BUSINESS OF
MARYLA	131 50	20/01-02	OR TOWN	134 INSIDE CITY LIMITS?	STREET ADDRESS 5500 COODN	OW ROAD -	21236 21206
14 FATHER'S	VAME			15 MOTHER'S MAIDEN NA			
LONGIN	ที่ปัร	ANYANWU	LAST	EDITH	MIDDLE	IKEONWU	AST
160 WAS DECI	EASED EVER IN U.S.	ARMED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDRE	SS	7
(YES, NO OR	UNKNOWN) IF YES.	GIVE WAR OR DATES)		EDITH ANY	ANWU	ABOVE	
18 CAU PAR	TI DEATH WAS CAU	only one cause per line for (a SED BY IATE CAUSE (a)	rdiopi	(money A	rost	APPROBET APPRO	MIN'S F
gave couse underly PART 2-	3	DUE TO, OR AS A CO		NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART	lia lia
0	Kaspire	toy ti	(ure.	ALLALAC BEREORUED	20a AUTOPSY?	206. IF YES, WERE FINE	MNCSTISED
21a. ACC	E OF OPERATION	196/CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	YES NO	HN CERTIFYING CAUSE	
OR CONI	TRIBUTING CAUSE OF	110110 4 44 4404	TH DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2	
-	ER NOTIFY MEDICAL EXAMI		19				
21d. INJ	NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME_STREET, FACTOR		211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	-	spital) attended the decease	d from 07	106 19 8	7,10,09/1	, 19.8.7	, that (I) (we) la
saw	v the deceased alive	on not view the body after deat	19_5/.0	nd that in (my) (aur) opinian	death occurred an the d	ote and have and from th	ne causes stated
	Charles	Valla	>	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _/ 91/	ESIGNED 7
724.PHO	4 Norau	V. Atton	J	Dap +.	Peliatric	ON WOLFE'S	T.
(SPEGIFY	Removall	AL 23b. DATE 9-24-87	23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE
24 FUNERAL	DIRECTOR	omy Board	^00Balto.	, Md. 250 St	PEZ 8 1987	254 REGISTRANCION	Nonbour .

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR, A should be detached for use with the State Dept. of Hea

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

10.00	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR	2b HOUR
	Benjamin	J.	Arbutus	September 28, 1987	1030
3. S		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	
	Male	White	- March 25, 1925		HOUSE STREET
7a.	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8	I BALTIMORE CITY OR COUNTY OF DEATH	1000
4	Ohio	USA	WIDOWED DIVORCED		
10	CITY OF TOWN OF DEATH	11. NAME OF HOSPITAL,	, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 120 KIND	OF BUSINESS OR
	Baltimore	# NOT IN SUCH FACILITY, S 1109 S. B		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR	
AUS 120	UAL RESIDENCE (IF NURSING HOME I. STATE 13b. CO	OR OTHER INSTITUTION GIVE RESIDE	NCE BEFORE ADMISSION)	13e.STREET ADDRESS / ZIP CODE	101111
1,30	Maryland		imore YES NO	1109 S. Bonsal St.	21224
14.1	FATHER'S NAME		15. MOTHER'S MAIDEN N	IAME	21224
	FIRST		butis Maggie	MIDDIE	einskutie
160	WAS DECEASED EVER IN U.S. A		butis Maggie IAL SECURITY NO. 17. INFORMANT	ADDRESS	ETHSKULTE
		GIVE WAR OR DATES)	10 4217 Toronhino	V Ambustus 1100 C Dom	1 C+
\vdash	1			V. Arbutus 1109 S. Bon	OXIMATE INTERVAL N ONSET AND DEATH
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		(1), (b1, and (c).)	BETWEE	NONSET AND DEATH
	IMMEDI	ATE CAUSE (a) Me yo	estate CH. Lung.		
		DUE TO, OR AS A CO	ONSEQUENCE OF		
	Conditions, if any, which	(ib)	,		
1	gove rise to immediate	(0)			
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	INSEQUENCE OF		
	underlying couse last.				
		(c)			
1.		ONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDITION GIVEN IN PART	Ira
NOL		JONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART	Ita
CATION		rie.	ING TO DEATH BUT NOT RELATED TO THE TELE	200 AUTOPSY? 200 IF YES, WERE FIND	INGS USED
THICATION		rie.			INGS USED
CERTIFICATION		196 CONDITION FOR	R WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
AL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	196 CONDITION FOR	R WHICH OPERATION WAS PERFORMED THE DAY YEAR THE TOWN INJURY OCCU	200 AUTOPSY? 200. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON P.M.	R WHICH OPERATION WAS PERFORMED TH DAY YEAR 19	200 AUTOPSY? 200. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT ETHER, MOTHY MEDICAL EXAMINATION OF CONTRIBUTION OF C	196 CONDITION FOR	R WHICH OPERATION WAS PERFORMED 716 HOW INJURY OCCU	200 AUTOPSY? 200. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I LIFETHER NOTIFY MEDICAL EXAMINATION OF COURRED OF THE NOTIFY OF THE	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)	R WHICH OPERATION WAS PERFORMED 71c HOW INJURY OCCU 19 Y 71l LOCATION STREET	200 AUTOPSY? YES NOT PRESENTED (ENTER NATURE OF WILLY IN ITEM 10 PART LORPART 2)	INGS USED SOF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I LIFE EITHER, NOTIFY MEDICAL EXAMIT 21d INJURY OCCURRED AT WORK 270 I certify those (1) (this hose)	19b CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)	NTH DAY YEAR 19 Y Y, OFFICE FARM ETC.) 21c HOW INJURY OCCU	200 AUTOPSY? YES NOT PER PART I OR PART I OR PART 2) CITY OR TOWN COUNTY To PART 2	INGS USED SOF DEATH? NO STATE
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT IS THE REPORT OF THE INDIT	19b CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)	NTH DAY YEAR 19 Y Y, OFFICE FARM ETC.) 21c HOW INJURY OCCU	200 AUTOPSY? YES NOT PRESENTED (ENTER NATURE OF WILLY IN ITEM 10 PART LORPART 2)	INGS USED SOF DEATH? NO STATE
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I LIFE EITHER, NOTIFY MEDICAL EXAMIT 21d INJURY OCCURRED AT WORK 270 I certify those (1) (this hose)	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)	NTH DAY YEAR 19 Y Y, OFFICE FARM ETC.) 21c HOW INJURY OCCU	200 AUTOPSY? YES NO YES NO YES NOT THE MILE OF ART 1 OR PART 2 CITY OR TOWN COUNTY To See 19 72 In death occurred on the date and hour and fram the	STATE
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT IS THE REPORT OF THE INDIT	19b CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)	WHICH OPERATION WAS PERFORMED 7 TIC HOW INJURY OCCU 19 TILL LOCATION STREET 4 TO THE TILL T	200 AUTOPSY? YES NOT PER NATURE OF AUTORY IN ITEM 10 PART I OR PART 2) CITY OR TOWN COUNTY To death occurred on the date and hour and from the AMEDICAL STAFF	STATE state that (we) last the causes stated
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I LIFE EITHER NOTIFY MEDICAL EXAMINE AT WORK 720 I certify thou (1) (this hose of the deceased alive book). (1) (we) (aid) (did)	19b CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)	NTH DAY YEAR 19 Y OFFICE FARM ETC) 211 LOCATION STREET 19 d from 19 , and that in (our) aprince DEGREE	200 AUTOPSY? 200 IF YES, WERE FIND IN CERTIFYING CAUSE YES NOT YES PART 1 OR PART 1 OR PART 2 CITY OF TOWN COUNTY 10 19 77 In death occurred on the date and hour and from the	STATE state that (we) last the causes stated
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CAUSE OF THE CAUSE OF THE CONTRIBUTION OF CO	196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR) 21th PLACE OF INJURY (AT HOME, STREET, FACTOR) 21th PLACE OF INJURY (AT HOME, STREET, FACTOR) 21th PLACE OF INJURY (AT HOME, STREET, FACTOR)	WHICH OPERATION WAS PERFORMED TH DAY YEAR 19 Y OFFICE FARM ETC) THE DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOT PER NATURE OF AUTORY IN ITEM 10 PART I OR PART 2) CITY OR TOWN COUNTY To death occurred on the date and hour and from the AMEDICAL STAFF	STATE state that (we) last the causes stated
MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF ETHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK 270 I certify thos (1) (this hose of the deceased alive oboy). (1) (we) (aid) (aid) 111. SIC NATURE	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTOR: apitol) attended the deceose- and the view the body after deat	WHICH OPERATION WAS PERFORMED THE DAY YEAR 19 Y OFFICE FARM ETC) THE DEGREE ATTENDING PHYSICIAN 27e ADDRESS 2112	200 AUTOPSY? YES NOW YES NOW YES DIN CERTIFYING CAUSE YES NOW YES DIN CERTIFYING CAUSE YES NOW YES DIN CERTIFYING CAUSE YES NOW YES DIN COUNTY CITY OR TOWN COUNTY CITY OR TOWN COUNTY TO SET 28 19 5 7 In death occurred on the date and hour and fram the date and hour and fram the date and hour and fram the death occurred on the date and hour and fram the date	STATE that (we) last the causes stated
MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF ETHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED NOT WHILE AT WORK 270 I certify thou (i) (this hose of the deceased alive to boy. (i) (we) (did) (did 11. SE NATURE	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTOR: apitol) attended the deceose- and the view the body after deat	THE DAY YEAR 19 211 LOCATION STREET 19 211 LOCATION STREET 19 And that in my (our) apinion DEGREE ATTENDING PHYSICIAN 23c NAME OF CEMETERY OR CREMATOR	200 AUTOPSY? 200 IF YES, WERE FIND IN CERTIFYING CAUSE YES NOT YES 201 VES NOT YES 202 VES NOT YES 203 VES NOT YES 204 VES NOT YES 205 VES NOT YES 206 VES NOT YES 207 VES NOT YES 208 VES NOT YES 208 VES NOT YES 209 VES NOT YES 200 VES 200	STATE STATE STATE STATE STATE STATE STATE
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MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR pitol) attended the deceose and Septial attended the deceose attended the deceo	THE DAY YEAR 19 211 LOCATION STREET 19 211 LOCATION STREET 19 And that in my (our) apinion DEGREE ATTENDING PHYSICIAN 23c NAME OF CEMETERY OR CREMATOR	200 AUTOPSY? 200 AUTOPSY? YES NOT YES YES VES NOT YES YES VES NOT YES VES NOT YES VES NOT YES VES YES OUNTY CITY OR TOWN COUNTY TO STAFF DIRECTOR PHYSICIAN VES PHYSICIAN	STATE STATE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 1 5 P SF		FOR STATE REGUTRAR		NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
0 1 0 0 00	1. DEC	CASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
to op op	fine	ROBERT	Ernest A	RMON R	SEPTEMBER 4, 198	7:16A M
pog er de	3. SEX	/	RACE	5 DATE OF BIRTH.		FUNDER I YEAR IF UNDER 24 HRS
3 - 3		male	Wegen	10 - 27 - 11	76 YRS	ONTHS DAYS HOURS MIN.
Pog -	To. BIF	THPLACE (STATE OR FOREIGN)	L CITIZEN OF WHAT COUNTRY?	1	9 BALTIMORE CITY OR COUNTY	OF DEATH
the Trop of		OUNTRY	1.1- A	MARRIED NEVER MARRIED		
- A)0-CT	Y OR TOWN OF DEATH	NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED DIVORCED DIVORCED	BALTIMORE CITY	12b KIND OF BUSINESS OR
	B	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET A THE JOHNS HO	ADDRESS) PKINS HOSPITAL	LADO WORK FOR MOST OF WORKING LIFE	INDUSTRY
71	1186.5	TATE 13b COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 134. CITY OR TOWN	ADMISSION) 13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS ZIP CODE	Nd Fre 2/2/3
0.50	II. FA	THER'S NAME	APPLE APPLIANT	15 MOTHER'S MAIDEN NAMED OF A LEN	WIDDIE 0	east tast
1 624	14-14	AS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIAL SECU		ADDRESS	C/F/1/
3 1/			244-14.	-2816 HeleNA	Mour 1807 R	uttend Auc
1 247		18 CAUSE OF DEATH (Enter onle	y one couse per line for (a), (b), one	dicut		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1600			CAUSE 10) CAZDIOT	vernowary ACRE	EST.	
1		With the second	DUE TO, OR AS A CONSEQUE	NICE OF		- /
die of the state o		Conditions, if any, which		lolerate such	K	30
9 9 9 9		gave rise to immediate)		•	0
1 to		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF WALL MANCH	COLL INFARETION	1 12
9 8 8 8	-	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing</u> to d	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART TIO
8 14 5 5	ě.	LEFT Homisph				enual FALLULE
of the part of the	TRICATE	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO YES	WERE FINDINGS USED YING CAUSES OF DEATH?
511115	#	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM IS PA	RT 1 OR PART 2)
36 41171	A.	OR CONTRIBUTING CAUSE OF DEAT				
Mg 1114/	WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M.	211 LOCATION		
of of the party of	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
N N N N N N N N N N N N N N N N N N N		/	attended the deceased from	400 19 19 82		9 8 1 , that III (we) lost
ET ESSE		sow the deceased alive an obove (I) we (did) (did not		37 and that is (my) (our) opinion	deoth occurred on the date and hour	and from the causes stated
A so that the man		226. SIGNATURE		DEGREE		224 DATE SIGNED
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10	ValoUn	and .	MAD ATTENDING PHYSICIAN [MEDICAL STAFF	9/4/97
E # # # # # #		224 PHYSICIAN'S NAME (TYPE OF	PRINT	22. ADDRESS	324 108K11V5 14	セックアスセ フィー
Payof the Mayof	/	ROB RED	mer up	500 N WO	LFE ST BALTI	with mo day
BP (23u 8	UHIAL CREMATION, REMOVAL	23b. DATE 9/9/3/1	SALTO . OCOM	138 LOCATION CITY OR JOWN	COUNTY
-	24 FL	INERAL DIRECTOR	1/1/0/16		E REC'D. BY REGISTRAR 256. REGISTE	AR'S SIGNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)	B	etts tunen	Al Home 1124	all. CARDITE SI	EP 9 1987	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

66544

mpletely filled in by the fineral a rector, page 3 days 2 should be filed wit 1972 to us ofter death

IMPORTANT; If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3

23	87-	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYGII CATE OF DEATH	ENE REG. NO		9	
	1. DEC	CEASED NAME FIRST	MIDDLE	L/	NST .		MONTH DAY	YEAR 26 1	HOUR
	(TYPE	ORPRINT) LONNIE	ARMSTRONC	7	UMI	09	19	27-11	PM
	3. SEX		4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT			NDER 24 HRS
		MALE	BeACK	MONTH 172	DAY YEAR	59	YRS	THS DATS HOL	URS ANN.
2	7a. BI	RTHPLACE (STATE OR FOREIGN)	Th. CITIZEN OF WHAT COUNTRY?	8		BALTIMORE CITY O		DEATH	
友		COUNTRY A	1164	MARRIE	NEVER MARRIED	- CITY			
77	10.0	TY-OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	WIDOWE		120 USUAL OCCUPATION	ON I	MALE OF BU	MD.
4	3	ALTIMORE CITY	(IF NOT IN SUCH EACHLITY, GIVE STREET A		K OTHER INSTITUTION	(TYPE OF WORK FOR MOST O	F WORKING LIFE)	126 KIND OF BU INDUSTRY	1 0
26		AL RESIDENCE (IF NURSING HOME OF COTATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	210	123
Same?		MO	ISALTO	(177	YES NO	238 N.1	NONIRO	ESTR	EEL
	14. FA	THER'S NAME	AIDDLE (AST		15. MOTHER'S MAIDEN NAM	E		1467	
	11	hALMES S	ARMITRON	199	INNA	LIMIT	1	1ecsol	0
	16a V	VAS DECEASED EVER IN U.S. ARA		RITY NO.	12 INFORMANT	ADDRE	SS	7	1220
	- 0	(ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 212 30 /	706	Denise Thou	mas 1109	Walne	it Ave	1229
		18 CAUSE OF DEATH (Enter only	y one couse per lipe for (a), (b), and	Hes	- 1			APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
		PART I. DEATH WAS CAUSED	E CAUSE 10) (ARDIO).	nuch	IOWARY MX	ZEST		1 40	nua.
		MMEDIATE	The second second						
	9	Conditions II and III	DUE TO, OR AS A CONSEQUE	NCE OF	PAISUMON	14		<	
	(a.)	Conditions, if any, which gave rise to immediate	(6).	17/17	7-700 9 70 000			-	
78	couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF							2	
		underlying coose lost.	(c) herry	14	955				
	NO	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to d</u>	EATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	N PART TIO	
0	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		20a AUTOPSY?		ERE FINDINGS		
4	F					YES NOT	IN CERTIFYIN	G CAUSES OF D	OEATH?
	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURRE				
1		OR CONTRIBUTING CAUSE OF DEAT	11010 A 11 11011711 DA	Y YEAR	THE TOTAL STOCK OCCORNE	CENTER NATURE OF INJUR	I In tiem to PART I	OR PART 27	
4	S.	(IF EITHER NOTIFY MEDICAL EXAMINER)		19					
- 1	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	_	AT WORK AT WORK					,		
		22a I certify that (I) (this haspite	ol) oftended the deceased from	9	110 19 87	_, to9/	19 19	ST. that	(I) (we) lost
		sow the deceased alive on_	9//9 19	27. on	d that in (my) (our) opinion de	eath accurred on the do	te and hour on	d from the couse	es stated
		226. SIGNATURE	view the body offer death.	-	DEGREE .			The DAPE SIGN	490
		VIM-LLBI	MAN	M	ATTENDING _	MEDICAL STAF	F	9/19/	7
-		22d PHYSICIAN'S NAME (TYPE OR		MIL	PHYSICIAN []	DIRECTOR PHYSIC	IAN	1/1/2	-
1		J.M. KUE	MAN		GMMS ZZ	5. GREEN	E 5	Brito	0.21201
	23a 8	BURIAL, CREMATION, REMOVAL	236. DATE 23c N	AME OF CI	EMETERY OR CREMATORY	23d. LOCATION	co	DUNTY A	/ STATE
	1	Suria!	4-x4-81 K	-119	Nem Park	Balto	-	Ma	1.
R.d	24 FL	INERAL DIRECTOR	. (25a. DATE	REC'D. BY REGISTRAR	256 RECISTRAD	SIGIGNATULE	date
	J	as- A. MORTO	11005 1701	hau	rens SEP	22 1987	Julia De	brodad . Man	1 3
				-	The second secon	77.7			

	DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 21201	9 6
5 5	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or attending physician.	75
F 20 >	TO FUNERAL DIRECTOR: After this certificate has account of the property of the	3 7
S	a minor de cut	OCT
22- 6	3. SE 70. B 70. C 8 130. S 1 1	1. DE
LIDIAL C	IRTHPLACCOUNTY MARITY OR TO AL RESIDESTATE TO ATHER'S N ATHER	GOR TATE REGIST CEASED N E OR PRINT)

DHMH - 16 60M 7/84

(VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

П		REGISTRAR		CERTI	ICAIL OI D	LAIII	REG. N	O.			
		CEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
1		Joseph		AR	NOLD			7 28	87	1043	M
	3 SEX		1. RACE	5. DATE (6 AGE (IN YEARS LAST BIR	THDAY) IF (INDER I VEAR	HOURS M	HRS
	1	MALE	CAUCASIAN	0		35	52	YRS			
	7a. BIF	RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY	? 8 MARRIE	D NEVER N	ARRIED -	9 BALTIMORE CITY C	R COUNTY OF	DEATH		
		MARYLAND	U.S.	WIDOWI	ED DI	ORCED	Baltmore				MD.
Я	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE					120 USUAL OCCUPATE		126 KIND C INDUSTRY	F BUSINESS	OR	
4	_	SALTIMORE	SOUTH BALTIMORE		eal Ho:	P.	Laborer		Carr	eting	10
4	130 S	AL RESIDENCE (IF NURSING HOME OR C	TY 13c. CITY OR TO		13d INSIDE CI	TY LIMITS?	13e.STREET ADDRESS	ZIP CODE			
4		no Balt	imore Parting	3fbe		NO 📝	1917 BRAD	Y AVE,	. 2	1227	
7	14 FA	THER'S NAME	NIDDLE LAST	-1		MAIDEN NAM	MIDDLE		LAS	ī	
7	10	HARLES	N. ARNO	40	KATH	RYN	_		LASTIA	JG-S	
		AS DECEASED EVER IN U.S. ARM	MED FORCES? 166. SOCIAL SEC	URITY NO.	17. INFORMAL	11	ADDRE	SS			П
9		UKNOWN NO	215-30-	-9328	Mrs.	Carolyn	Arnold 1	917 Bra	dy Ave	2122	7
1		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one cause per line far (a), (b), a	nd (¢1.)			14-10-2-10-2		BETWEEN	MATE INTERVAL ONSET AND DEA	тн
1	1		CAUSE (a) CARDIA	c AR	REST						1
1			DUE TO, OR AS A CONSEOL	JENCE OF							
1		Conditions, if any, which	((b) RESPIRA	TORY	INSUF	FLIENCE	4				
1		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEON	JENCE OF					A	. 0	-
1		underlying cause last.	1 SMALL		CARCINOI	na of	Lung		44	withs	
	_	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 1		
	5	THE STATE OF THE S									
7	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	206 IF YES, W	ERE FINDING CAUSES	OF DEATH?	
4	RTIF						YES NO NO NO NO NO				
	-	21a ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJ	URY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 21		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					1.34	ACCOMM	
1	AED	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATIO STREET	N	CITY OR TO	WN	COUNTY	STATE	
		MHILE NOT WHILE AT WORK									
١		220.1 certify that (I (this hospital			17	, 19 87	10 Sept 3	. 19.		that (li (we)	
1		saw the deceased alive an above, (1) (we) (did) (did nat)	view the body after death	, 01	nd that in (my) (our) apinian d	eath occurred on the de	ate and hour or	d from the	couses stated	
1		276 SIGNATURE	7		DEGREE	TTF 10 In 10	44504544	7.5	22c DATE	SIGNED	
		[lit // hisso MO				HYSICIAN	MEDICAL STAI		9/2	8/87	1
1	- 1	224. PHYSICIAN'S NAME (TYPE OR			22e ADDRESS					- 1	
		Nick F. Mu	sso, MD		3001 5	. HANO	VER St: BA	thuors	MD	212	30
1	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION		OLIVE	- 41:	
- 1	(3	Burial	10/02/87	Cedar	Hill Ce	meterv	Baltimor	e City	Marvl	and STATE	
	E	Jul. La I	10/02/01	0000		1		_			
	-	INERAL DIRECTOR	ADDRESS	00442		- 4	REC'D. BY REGISTRAR				

	A SILVERY			78 5-
				1486
	25 00 10			
AN ASSAULT				est-Sain .
	Silvion		hmod	
THE PURE YOURS THEFT		A.Prosi		900
HARDIN TO				Total Street
	To-si			
	F. 11			
			There.	25 7 1
NE OR MELBER NO 20		5/19		1

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ARRINGTON

LAST

5. DATE OF BIRTH

WIDOWED

	(B) AN	

REG. N	10.				
20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
	9	24	87		м
6. AGE (IN YEARS LAST B	RTHDAY	IF UN	DER I YEAR	IF UNDER	24 HRS.
76	YR	MONTH	S DAYS	HOURS	M IN.
9. BALTIMORE CITY	OR COU	NTY OF E	HTAS		

TYPE OR PRINTS ELEASE L. 4. RACE 3. SEX F B TO BIRTHPLACE ISTATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? COUNTRY) U.S.A. MD. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1731 LINDEN AVE. BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

130. STATE

131. COUNTY

131. CITY OR TOWN 13c. CITY OR TOWN BALTIMORE MD. 14. FATHER'S NAME MIDDLE LOUIS VANLANDINGHAM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO

FIRST

13d INSIDE CITY LIMITS? YES X NOF 15. MOTHER'S MAIDEN NAME

17 INFORMANT

22

MARRIED NEVER MARRIED X

111

DIVORCED

130. STREET ADDRESS 1731 LINDEN

(TYPE OF WORK FOR MOST OF WORKING LIFE

12a. USUAL OCCUPATION

UNK

LAST

12b. KIND OF BUSINESS OR

ALICE VINSON ELAINE FONTAIN - daughter

BALTIMORE CITY

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate

(IF YES, GIVE WAR OR DATES)

MINUTE

cause (a), stating the underlying cause last.

[YES, NO OR UNKNOWN]

NO

DUE TO, OR AS A CONSEQUENCE OF

212-16-352

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0

190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

22b. SICHARLIN

21e PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE, FARM, ETC.)

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

21f LOCATION

22e. ADDRESS

CITY OR TOWN

COUNTY STATE

22a.1 certify that (I) (this hospital) attended the decembed from saw the deceased alive on

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING

22d. PHYSICIAN'S NAME

230. BURIAL, CREMATION, REMOVAL 23b. DATE

9-24-87

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN COUNTY

DHMH - 16 50M 4/82 (VRA 15, 4)

should be detack IMPORTANT

oth plea à

prior

Mental Hygier burial-transit

00

pe

NO

CERTIFICAT

MEDICAL

24. FUNERAL DIRECTOR

(SPECIFY)

Removal

State Anatomy Board

Balto, Md.

85992	FOR SEP RESIDER	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	
oth o	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	Ashley	20

25 4/11 REG. NO.

				REG. NO.
	DECEASED NAME FIRST	MIDDLE	Deblos	20 DATE OF DEATH MONTH DAY YEAR 25 HOUR
3 5	Dorothy	I. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
1.0	F	White	MONTH DAY YEAR - 42	45 YRS MONTHS DATS HOURS MIN.
70. 1	BIRTHPLACE ASTATE OR FOREIGN TO COUNTRY) MARYLAND	L CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH
1	Unknown	un Kulinga 17	WIDOWED DIVORCED	Balt - City Mo
5	Ba Himore	1 F NOT IN SUCH FACILITY, GIVE STREET.	oen. Hosp.	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKINGLIFE) MUSIC Teacher Education
130	STATE Bal	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY . 13c. CITY OR TOW TIME BELTINE	N 13d. INSIDE CITY LIMITS	130 STREET ADDRESS / ZIP CODE 7734 Washington 131 Wa
14. F	FATHER'S NAME FIRST SOSOPH	Middle Ashley	15. MOTHER'S MAIDEN NAM	MIDDLE Markley 2127
	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? 166 SOCIAL SECU 22 238	1590 R. Wudrie	k 3001 S. Henover St
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		ite Resp. F	-ai/u re APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
Es .	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ty hypoventila	tion Syndrome
		1 () ()		
z		ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 1:0
TIFICATION	19a DATE OF OPERATION	ONDITIONS CONTRIBUTING TO D) DEATH BUT NOT RELATED TO THE TERMI OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO
CERTIF	19a DATE OF OPERATION 71a, ACCIDENT WAS UNDERLYING	ONDITIONS CONTRIBUTING TO E 196. CONDITION FOR WHICH 216. TIME OF INJURY	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
/ E	19a DATE OF OPERATION 71a, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21t HOW INJURY OCCURR 19 21t LOCATION	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
CERTIF	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (FETTHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK NOT WHILE NOT WHILE	216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	OPERATION WAS PERFORMED 21t HOW INJURY OCCURR 19 21t LOCATION STREET 9 - 6 19 87	200 AUTOPSY? YES NO PED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
CERTIF	19a DATE OF OPERATION	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	OPERATION WAS PERFORMED 21 HOW INJURY OCCURR 19 21 LOCATION STREET 9 - 6 19 87 ARM, ETC.) DEGREE M. DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO ED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) CITY OR TOWN COUNTY STATE
CERTIF	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (FETTHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK NOT WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	OPERATION WAS PERFORMED 21t HOW INJURY OCCURR 19 21t LOCATION 51REE1 2 ond that in (my) (our) opinion of DEGREE	20a AUTOPSY? YES NO PROPERTY NO PROPERTY NO PROPERTY OF TOWN CITY OR TOWN COUNTY STATE ADDICAL STAFF 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PROPERTY NO PROPERT
MEDICAL CERTIFI	19a DATE OF OPERATION	DNDITIONS CONTRIBUTING TO E 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.) DI) ottended the deceosed from View the body ofter death.	OPERATION WAS PERFORMED 21t HOW INJURY OCCURR 19 21f LOCATION STREET ARM. ETC.) 21f LOCATION STREET ATTENDING PHYSICIAN 22e. ADDRESS 300 (S)	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO SED NO SED IN CERTIFYING CAUSES OF DEATH? YES NO SED NO S
MEDICAL CERTIF	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. Certify that (I) (this hospitates on obove, (I) (we) (did) (bid not) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (IVPE OR REMOVAL)	DNDITIONS CONTRIBUTING TO E 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.) DI) ottended the deceosed from View the body ofter death.	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET ARM. ETC.) 211 LOCATION STREET ATTENDING PHYSICIAN 220 ADDRESS 300 SI	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate retained by the hospital or attending physician.

16501

0 SEP -9		FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TIGHTER CERTIFICATE OF DEATH					
ge 3		T. DECEASED NAME FIRST (TYPE OR PRINT) JOSEPH	LAWRENCE	BACH	20. DA			
rear, por		1. SEX MA/E	4 RACE WhiTE	MONTH DAY YEAR OF 12 1900	6. AGE			
Recal din	80	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BAL			
25	0	ID CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	IG HOME OR OTHER INSTITUTION	12a US			

iP'	in pos	5	4		diene	
	REG. N	١٥.				
DATE C	OF DEATH	MONTH	DAY	YEAR	2b. HOUR	

	(TYPE	CEASED NAME FIRST	MIDDLE	4	BHCH	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		JOSEPH	LAWRENCE	APR	SCHOOL SCHOOL	4-	7-8715 6
	3. SE	(4 RACE	S. BLATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
		MALE	UNITE	MONT	22 1900	87 YRS	2 / DAYS HOURS
10%	7a. BI	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	RY? 8.	_	9. BALTIMORE CITY OR COUN	
36	1	Wary Land	41.5,	MARRIE	D NEVER MARRIED DIVORCED	BAITO C	TY
3	10.\C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR			120 USUAL OCCUPATION	126. KIND OF BUSINESS
4(Batta	LIS COLD POR STEEL	REET ADDRESS)	E 930 EUT AW	TOPE OF WORK FOR MOST OF WORKING	GLIFE) INDUSTRY
12	- FUSU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INDITITUTION GIVE RESIDENCE IN	FORE ADMISSION)	E 8 TO CUI PHO	M BHINKER	· ISAYO NICI
35 1	13a S	TATE 13b. COL	INTY 13c. CITY OR TO	OWN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	ot 010
-	11.6	MD	DAI	70	YES NO	830 °CC 1 AC	0 30 114
201	17-5	THER'S NAME	ADDLE LAST	1	FIRST	MIDDLE	A LAST
100	16	illiam 1	EIER BK	2ch	LAURA	JOHANNA	HUSSEY
9 1		VAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES!		17. INFORMANT	ADDRESS	1 01
1/		NON	1/4 212-01	- 1301	ClizAbeth M	BACH 29 KING	15/EVR1 211.
11		18. CAUSE OF DEATH (Enter of	only one couse per line for (a), (b),	_and (c).)		7	APPROXIMATE INTERVA
ī		PART I. DEATH WAS CAUS	SED BY:	inoma	OF LUN	6	1 m.
· ·		IMMEDIA	ATE CAUSE (a)	- 00100 250			,
100	1		DUE TO, OR AS A CONSEC	OUENCE OF			
, 0		Conditions, if ony, which	(b)				
-	-	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF			
, t		underlying couse lost.	(c)				
0		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (GIVEN IN PART 1(0)
15.0	N						
1	F	IN DATE OF OPERATION	THE CONDITION FOR WHI	ICH OPERATIO			
5/1		19a DATE OF OPERATION	178. CONDITION FOR WITH		N WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
No 6/	E S	190 DATE OF OPERATION	A/O		ON WAS PERFORMED	IN CER	RTIFYING CAUSES OF DEATH?
no salos ou	ERTIFIC	NA.	NA-			YES NOW NA	YES NO NO
18 shows on	L CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	IN CER	YES NO NO
hem 18 shows on		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	21b. TIME OF INJURY HOUR A.M. MONTH		21c. HOW INJURY OCCURP	YES NOW NA	YES NO NO
d or Hem 18 shows on		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHY MEDICAL EXAMIN 216 IN JURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	YES NOW NA	RTIFYING CAUSES OF DEATH? YES NO NO 18 PART I OR PART 2)
rked or Hem 18 shows on	MEDICAL CERTIFIC	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	21b. TIME OF INJURY HOUR A.M. MONTH P.M. V.	DAY YEAR	21c HOW INJURY OCCURE	YES NO PROPERTY IN ITEM	RTIFYING CAUSES OF DEATH? YES NO NO 18 PART I OR PART 2)
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	10 2	the
٥	20	5 6
	ITENDING PHYSICIAN. The law requires that the death certificate be executed within 24 new. Thir death, tage 4 may be pital or ottending physician.	TOR. After this certificate has been signed by the attending by the attending of a mainth y filled in by the funeral director, page 3 for use as the burnal-transit permit. Then please remove continuement and signal be filled within 72 hours after death of Health and Mental Hygiene prior to burial, cremation, or mineral.

	1,	FOR STATE	DI		E OF MARYLAND BEALTH AND MENTAL I	HYGIENE 8 7	25 4 1 5
066175 SEP		PEGISTRAR		CERTIF	ICATE OF DEATH	, REG. N	0.
000113 361	11.00	CLASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
oy be	1111	Fr	ederick	B. Bah	r		9 17 87 900AM
p b o	3. SE	X	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIR	
ge 4	M	ale	Caucasian	9~3	0-1921 YEAR	65 yrs	· YRS
merol dir n 72 hou	70. B	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRIE WIDOWE	D NEVER MARRIED	Dallaiman	e MD
by the fu		Baltimore City	11. NAME OF HOSPITAL, IF NOT IN SUCH FACILITY, GIT THE UNION M	ve sireet address) lemorial	OR OTHER INSTITUTION Hospital	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Barber	
RYLAND 212	USU 13a M	STATE 136 COUL	ROTHER INSTITUTION GIVE RESIDEN NTY 13 CITY O Bal	CE BEFORE ADMISSION) OR TOWN Timore	136 INSIDE CITY LIMITS	3220 Bel	air Road 21213
MARYLA WILLY		rederick Bahr	Gustëlla				r LAST
IMORE,		WAS DECEASED EVER IN U.S. AR LYES NO OR UNKNOWN) (18 YES GI OS WWI]		22-3456	James Mi	ichael 3220	Belair Road
oth certificate bending or confined to a con	,	THE CO.	TE CAUSE (0) PMU	MIMI Û	1	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRES es that the de ned by the att please remove urial, crematia		Conditions, if any, which gove rise to immediate couse in stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	NSEQUENCE OF	0	A CLINE	DITION GIVEN IN PART 1 to
RDS,	NO		N.A.				
AL RECORDS, on. on. he low requir on. hos been sig thermit Ther tene prior to b gws ony injur	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
V OF VITA SICIAN TH Op physicic certificate riol-tronsit ental Hygie them 18 shg		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	TH DAY YEAR	N . A.	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART OR PART ?)
NG PHYSICIAN of PHYSICIAN of the dring physic there this certificates the burlottrom of the burlottrom the and Mental Hygorked or them 18 significant of the physician of the ph	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE FARM ETC)	211 LOCATION STREET . A.	CITY OR TO	WN COUNTY STATE
TTENDIN pital or TTOR. At for use of Health	17	220 1 certify that (1) (this hosp sow the deceased alive on above. (1) (we) (did) (did no		19 87		on death occurred an the de	ote and hour and from the causes stated
ALOR ALOR ALOR ALORED A		226 SIGNATURE	L Dav		DEGREE ATTENDING PHYSICIAN	G MEDICAL STAI	FF 9/17/87
O HOSPITAL etoined by th TO FUNERAL should be detal.		22d PHYSICIAN'S NAME TYPE Cara L.	Davis , M.I) .	The Union	Memorial Hos	pital
BP	23a. E	BURIAL, CREMATION, REMOVAL SURIAL	23b DATE 9-19-87		son Forre	st Owing	s Mills, Md. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 5	Chimunek Fun 331 Brehms L	eral Home, ane, Balto.	Inc.	21213	SEP 1 8 1987	25b. REGISTRAR'S SIGNATURE Julia Dividion-Rondoca

STATE OF MOURYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25415

-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	3 4 1 2		
1	I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
	Douglas	Millard	Baker	September :	29, 1987 8am		
1	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
	Male	White	02/27/09 YEAR	78 _v	MONTHS DAYS HOURS MIN.		
1	70. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	BALTIMORE CITY OR COL	INTY OF DEATH		
5	Maryland	USA	WIDOWED DIVORCED	Baltimore	MD.		
)	10 CITY OR TOWN OF DEATH Reisterstown	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION ET ADDRESS) EY Park Rd.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Scaleman	ING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Steel		
Ž	MD 136 COU		terstownes 100 NO		y Park Rd. 21136		
	14. FATHER'S NAME FIRST Harry C. Bakes	MIDDLE LAST	15. MOTHER'S MAIDEN N Elizabe	th Willians	LAST		
1	168 WAS DECEASED EVER IN U.S. A		URITY NO. 17 INFORMANT	ADDRESS C	hartley Park Rd.		
		WW II 218-01	-5002 Mrs. Madeli	ne E. BakeReist	erstown MD 21136		
3	18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), a	ind (c),1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
1		SED BY: ATE CAUSE (0) HEAD	AND NECK C	NECK CANCER			
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE (b). DUE TO, OR AS A CONSEQUENCE (c).	JENCE OF				
		TECONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	WINAL DISEASE OR CONDITION	GIVEN IN PART TIO		
7	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)		
	OR COLUMNIC CHIEF OF A	EATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITE	w 18 PART 1 OR PART 2)		
	OR CONTRIBUTING CAUSE OF DE CA	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
	sow the deceased alive a	pital) ottended the deceosed from 19 not) view the body ofter death.	^ - 7	n death occurred on the date and	1, 19 , that (1) (we) lost I have and from the causes stated		
	22b. SIGNATURE	I. W	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATESIGNED		
	22d. PHYSICIAN'S NAME/(TYPE	COKEN	71/ U.	Yor St.	BATTO. NO 21211		
	236 BURIAL, CREMATION, REMOVA	236 DAJE 0/02/87 23c	NAME OF CEMETERY OR CREMATORY Garrison Forrest		ls, Daltimore, Md		
	24 ECKHARDT FUNERA	L CHAPEL, OWINGS	MILLS, MD 21117 250. D	ATE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE		
	H4 5 000	and		SEP 30 1981 Juli	a Devidern Pendale		

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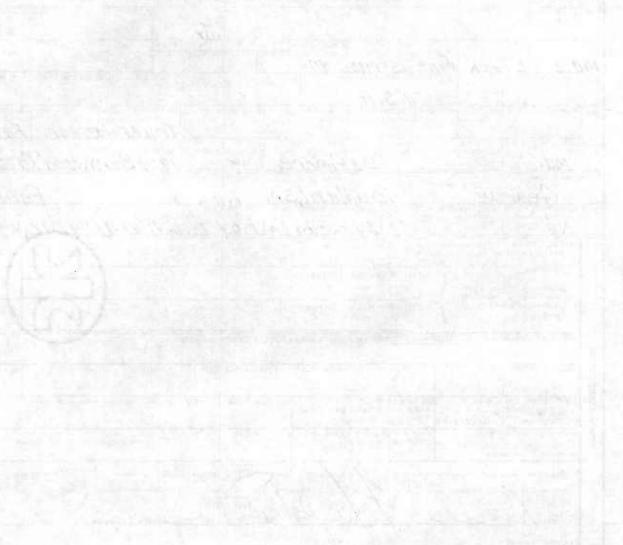
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STATE OF MARYLAND 066130 SEP 1887 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 1. DECEASED NAME 20 DATE KNOWN X MONTH 26 HOUR (TYPE OR PRINT) OF DEATH MATED 9 GEORGE BALLARD 10 1987 IF UNDER 1 YR. SEX 4 RACE DATE OF BIRTH AGE (IN YEARS 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) 2:43 PRONOUNCED DEAD 10 1987 1900 15-TO BIRTHPLACE (STATE OF 6. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! WIDOWED P DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 1904 Burnwood Rd. Baltimore ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 136 COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME ANDDLE FIRST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT, PAGES AFTER DÉATH, WITH THE SIATE OFFARMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. (YES, NO. OR UNKNOWN) I / IF YES GIVE WAR OR DATES! 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE 220. I certify that I took charge of the remains described Inspection Inquiry and in my opinion death resulted farm Natural causes K Undetermined monner ACTUAL i stant MEDICAL EXAMINER 9 - 12 - 87SIGNED EXAMINER'S NAME Dennis F. Smyth, 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 230 NAME OF CEMETERY OR CREMATORY 07/84 25M 24 FUNERAL DIRECTO

DHMH - 17

(VR A15 ME (5))

Julia Divider.



		REGISTRAR				CERTI	CAIL OF DEATH	REG. N	0.	III. III	
1		CEASED NAME	FIRST ET	'TA	MIDDLE L.	L	AST BALL	20 DATE OF DEATH	MONTH) DA	Y YEAR	26 HOUR
i	(TIPE	OR PRINT!	STIA		1.	15	3A11		9 2	187	1230 N
	3. SEX		4	RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I TEAR	IF UNDER 24 HRS
	Fe	emale		Car	uc	MONTH	27, 1898	89	YRS	INTHS BATS	HOURS MIN.
P		RTHPLACE ISTATE	OR FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY C		F DEATH	
0		elaware	1	US	A	WIDOWE	D NEVER MARRIED DIVORCED	Bod	to Cot	/	MD
7	10. CIT	BALLO	EATH 1		HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPAT UYPE OF WORK FOR MOST OF Homemaker			OF BUSINESS OR
100	USU A 130 S Ma	RESIDENCE (IF NI TATE aryland	Balti		GIVE RESIDENCE BEFORE 131 CITY OR TOW TOWSON	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO K	3 STREET ADDRESS 23 Bellows	ZIP CODE	21204	
) 14 FA	John	MI	DDIE	Dickerso	n	15. MOTHER'S MAIDEN NA. Jane	ME		Mes	st /ers
ì	160 W	AS DECEASED EVI			166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRI	ESS		
ě	Nč	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	219-84-1	906	Gloria B. B	eckwith - s	ame as	#13e	
		Conditions, if or gave rise to i couse (o), sta underlying cau	IMMEDIATE ny, which mmediote ting the use lost.	BY: CAUSE (a) DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUE	nclof her	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	5-	MANUEL INTERVAL ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
	o N										
	CERTIFICATION	190. DATE OF OPER	NOITA	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	1	NG CAUSES	OF DEATH?
		210. ACCIDENT WAS LONG CONTRIBUTING	CAUSE OF DEATH	216. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE		YES RY IN ITEM 18 PAR		№ □
	MEDICAL	21d. INJURY OCCU	WHILE ORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
		saw the dece	(I) (this haspita ased alive an_ (did) (did nat)	9-2	e deceased from		nd that in (my) (aur) apinion	death occurred on the de	ate and hour c	ind Iram the	that (1) (we) last causes stated
		9 Here	AME LIVE OR I	Ilsa	2 /2		M 1) ATTENDING PHYSICIAN [MEDICAL STAI DIRECTOR PHYSIC		22c. DATE	SIGNED 21-77
		The state of the s	ter Wil		r.		101 W. Read	St., Balto	., Md.	21201	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc., Towson, Md. 21204

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burra1 9-22-87 23c. NAME OF CEMETERY OR CREMATORY Dulaney Valley

1050 York Rd.

23d LOCATION
Timonium,

Balto., Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

FOR STATES AND THE PROPERTY AND THE PERSON AND THE

SEP 24 1997

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25

J	DIEGISTRAR				CERTIN	TEATE OF PEATIT	REG. NO		_	
	ECEASED NAME	FIRST		MIDDLE	L	AST .	28. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
{ I Y P	PE OR PRINT)	ROBER	Γ	3	BA	LLARD	SEPTEMBER 1			6:20
. SE	X		4. RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER 1 YEAR	IF UNDER 24 H
,	Male	100	Whi	te	Nove	mber 27 1966	20	YRS	DATS	NOUNS N
o B	BIRTHPLACE (STATE OF	REFOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED KK	9 BALTIMORE CITY O	COUNTY	F DEATH	
N	faryland		U.	S.A.	WIDOWE	_	BALTIMORE	CITY		
0 0	ITY OR TOWN OF DE	ATH	JIF NOT IN SUC	HOSPITAL, NURSIN THE FACTUTY, GIVE STREET INS HOPKI	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION SALESMAN	ON WORKING LIFE)	126 KIND O INDUSTRY Pep	Boys
30.	JAL RESIDENCE (IF NUI STATE LTYLAND	186 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c CITY OR TOW Glen Bur	E ADMISSION)	13d INSIDE CITY LIMITS? YES NO X	317 N. Hai	zip code nmonds		061 Road
F	James _		MIDDLE L.	Balla	ırd	15. MOTHER'S MAIDEN NA.	ME MIDDLE		¥	ease
	WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECL	JRITY NO.	17 INFORMANT	ADDRE		135	TEUT
	NO NO	(# YES, GIV	E WAR ON DATES)	220-82-4	1510	Eva M. Ball	ard Same	as 13	е	
	TIE CAUSE OF DEA	TH (Enter on	ly one couse per	line for (o), (b), on	id (ch)	^			BETWEEN	NIMATE INTERVAL
	PART I. DEATH	WAS CAUSE	D BY:	CARDIOP	1	VARY ARREST				inutes
25	gove rise to in couse (o), stot underlying couse	on the lost	(c)_	A 11	ONIA	NOT RELATED TO THE TERM I MMUNODEFT		OITION GIVEN	IN PART I	week
CERTIFICALION	19a DATE OF OPER		- / / / -	1100		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, Y	WERE FINDI	INGS USED S OF DEATH?
-							YES NO	YES		NO 🔽
MEDICAL CE	OR CONTRIBUTING (IF EITHER NOTIFY ME)	CAUSE OF DEA	HOUR A.	M. MONTH DA M. OF INJURY	19	211. LOCATION STREET	RED (ENTER NATURE OF INJUR		T I OR PART 2)	S1.ATI
Lak	AT WORK NOT WAT W	ORK		REET, FACTORY, OFFICE F	9/13	,	10 9/17	<i>j</i>	27	that (I) wal
	sow the deced obove, (1) (we)		9 17 1) view the body			nd that in (my) (bur) opinion	deoth occurred on the do	te and hour o		
	22b. SIGNATURE	The	16			ATTENDING PHYSICIAN	MEDICAL STAF		22c DATE	7/87
	22d. PHYSICIAN'S M	Atric	RPRINT)	ų		The Johns		satil	1205 BALL	inger)
0.	BURIAL, CREMATION (SPECHY) Buria	I, REMOVAL	23b. DATE 9/19/	87 Ne		emetery or crematory idge Mem Park	23d LOCATION	e Ho	5Wärd	Md
	CLIMEDAL DIRECTOR		-			125- DAT	E BEC'D BY BECKETBAR	OL DECKETO	DIS CLOS	m.nca - a

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICI retained by the haspital or attending

George J. Gonce 4001 Ritchie Mgwy Balto Md

REGISTRAR'S SIGNAURE AND THE SAME AND THE SA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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064	956 SE	P -9	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HY	GIENE REG. N	5 4	4
			ECEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
	poge 3	- 1"	(PE OR PRINT) AMY	Lynn	BANKAR	D	SEPTEMB	ER 3,198	$2:27_{M}^{P}$
	moy pod	3 :	EX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	
	ctor s of		Female	White	Augu	st 15, 1987		YRS MONTHS	19 HOURS MIN.
-	2 48	70.	BIRTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUN	JTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY		
•	4 25 3	50 8	Maryland	USA	WIDOWE		BALTIMO	RE CITY	MD.
	1/11/4	7 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT		KIND OF BUSINESS OR
50	1 超多	213	BALTIMORE	THE JOHNS	"HOPKI	NS HOSPITAL	Dependant		USTRY
212	1 51 4	74 U	UAL RESIDENCE (IF NURSING HOME O STATE 136/COU	R OTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OF	BEFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		
ON.	元 章章 軍	2	600		sex	YES NO R	299 Montr		21221
TA.	主 記の記	2011	FATHER'S NAME	MIDDLE LAS	,	15. MOTHER'S MAIDEN NA	WE		
MA	2mm 0 0	26 to	William		kard, Jr	JoAnne		Ba	lakier
SE.	10 00 E	160	WAS DECEASED EVER IN U.S. AF		SECURITY NO.	17. INFORMANT	ADDRI		Iditaba
BALTIMORE, MARYLAND 2120	0.0	7	No		None	Mr. & Mrs.	William Ban	kard Sam	e as 13e.
BALI	5, 2005		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b1, and (c1.)	1			APPROXIMATE INTERVAL
ST.	100			TE CAUSE (O) CARDI	DOENIC ?	Stock	307 7 6 7		IHR
	- (a A a			DUE TO, OR AS A CON	SEQUENCE OF	1/			
PRESTON	3)	Conditions, if ony, which		Pulmonary	NASOS BESM			12 Hes
ii.			gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	SEOUENCE OF		. 111.	D .	0 1
201 W.	1		underlying cause lost.	(c)		entility Couder	TOAST POTEN	1/15 EASE	durks.
, RDS, 20	The same	NO	PART 2 OTHER SIGNIFICANT		G TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN P	ART 110
DIVISION OF VITAL RECORDS,	he low re hos beer t permit. ene prior	CERTIFICATION	9-2-87	Complex		NWAS PERFORMED AL HEART DISEAS	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH?
VII	hysici icote ironsii Hygi	7) 8	21a. ACCIDENT WAS UNDERLYING		, D. W. W. T. D.	21c HOW INJURY OCCUR		RY IN ITEM 18 PART I OR P	ART 2)
O A	SICIA 19 ph certifi riol-tr	/ X	OR CONTRIBUTING CAUSE OF DE		DAY YEAR				
ON	P A Sur	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION	CITY OR TO	wn cou	INTY STATE
IVIS	NG Pl	2	AT WORK AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	SINCE	CITOKIO		STATE
۵	A Af A A A A A A A A A A A A A A A A A		22a. I certify that (I) this hosp		ram_8-1	6-8+ 19-87	, to9-3	19 8	, that (It (we) last
	ppito CTO for of h		sow the deceased alive or above, (1) (we) (did) (did no	ot) view the body after death.	19 0 T , on	nd that in (my) (our) opinion	deoth occurred on the de	ote and hour and fro	om the couses stated
	OR A borded Dept.		22b. SIGNATURE	110		DEGREE			DATE SIGNED
	# 1 te et :		Malle	When MD.		ATTENDING PHYSICIAN [MEDICAL STA		7-5-8+
	SPIT d by	7	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS			
	TO HOSPITA retoined by TO FUNERA should be de with the Stot		DEL	ALERIA		J. H. H.			
	5 5 7 ₹ 3 ₹ -	230	BURIAL, CREMATION, REMOVAL	. 236 DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	Y STATE
	BP		Burial	9-5-87	St. S	tanislaus		ore Marvl	
	DHMH - 16 60M 7/8	4 24	FUNERAL DIRECTOR Duda	-Ruck Funeral		Dundalk 250. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S S	IGNATURE
	(VRA 15, 4)			Wise Ave. Du			P 8 1987	Midde	on Pudue_

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

065277 SER	14	EISTRAR	DEF		CATE OF DEATH	REG. N	10.	8. O
feed 5		CEASED NAME FIRST OR PRINT CHARLE	S F.	BA	NES	20. DATE OF DEATH	5-87	2b HOUR M
3H mode to	1.5E		4 RACE	5. DATE OF	BIRTH DAY YEAR	6. AGE (IN YEARS LAST B	YRS.	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
35		OLD MAN D	7b. CITIZEN OF WHAT COUN	WIDOWED			OR COUNTY OF DEAT	City MD
10 mg 20 mg	E	ACTO	11. NAME OF HOSPITAL, N HE NOT IN SUCH FACILITY SIVE		other institution	12a USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE) 126 KI	ND OF BUSINESS OR
NO 212	130. S	RESIDENCE (IF NURSING HOME OR TATE)	ITY 413c GUTY OF		3d INSIDE CITY LIMITS	130 STREET ADDRESS 511 E. 20		EET 2121
MARTILL STATES	9 FA	THER'S NAME PIRST PORTES	A. BC	inks	Me FIRST	NAME MIDDLE	X	eene
STON ST., BALTIMORE, sook carried and grant an	I lia V	(AS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL 2/7-	SECURITY NO.	BA James	s Keene 11	08 Mt Ro	Apt. 1210 yal Ave.
		8 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one cause per los for (a) of D BY: E CAUSE (a)	liope	Inone	u Arre	A BET	PEROXIMATE INTERVAL WEEN ONSET AND DEATH
		Conditions, if any, which	DUE TO, OR AS AICON	SEQUENCE	Ilial.	An fardi	a	
but the construction of th	TAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF	tailin	e g		
DIVISION OF VITAL RECORDS, 20 AL OR XITEMDING PHYSELLAN. The law requires the household or extending physician. AL DIRECTOR, After this certificate hos been signed enroched for size as the bunch trent permit. Then plant Depart of Health and Mental Hyggene procito bungs of Health and Mental Hyggene procito bungs of them 21 is marked or frem 18 shows any fallery.		PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTION	G TO DEATH BUT N	Value	erminal, disease, opicoi	DILION GIVEN IN PA	F Blids
		I DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION	WAS PERFORMED	YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED USES OF DEATH? NO [
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PA	RT 2)
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	DEFICE FARM ETC)	211 LOCATION STREET	CITY OR I	OWN COUN	ITY STATE
		220.1 certify that (1) (this hospi saw the deceased alive on obove. (1) (we) (did) (did na	1114		that in (my) (aur) opin	, to 44 4	date and have and fram	that (I) (we) lost me the causes stated
		22b. SIGNATURE	in V. Hita	w	EGREE ATTENDING PHYSICIAN		AFF C	DAYE SIGNED
HOSPIT HOSPIT Novid by A the Ste		22d PHYSICIAN'S NAME (TYPE O	PRINTI/Y HIXO	n, M)	924 L	N. North	Aul	
2 € 2 € 1 3 €		BURIAL, CREMATION, REMOVAL	23b. DATE 9/10/87	23¢ NAME OF CE	METERY OR CREMATO	CEM. OWINGS	MILLS,	Mď
DHMH · 16 60M 7/B4 (VRA 15, 4)	24 F	INERAL DIRECTOR M. C. MARCH F/H	DAY - CONTRA	E. NORTH		PO9 1987	The Dundon's	Morning

SEP 0 0 932

						MARYLAND	7 2	100	9 1.	
	1-	FOR STATE		DEPARTME		H AND MENTAL HÆG FE OF DEATH	IENE 6.	2 .	la	
66242 SEP 18	07	REGISTRAR			CENTIFICA	IE OF DEATH	REG. N		1	
9 e 6 e 6 e 6 e 6 e 6 e 6 e 6 e 6 e 6 e	(LYPE		AC.	MIDDIE	Bap	tist	20 DATE OF DEATH	9. 15	187 2h	6:254
4 may l	3. SE		1 RACE P		DATE OF BIR	DAY YEAR	6. AGE (IN YEARS LAST BE			UNDER 24 HRS OURS MIN.
oge ours	7a Di	RTHPLACE (STATE OR FORE)	The CITIZEN O	F WHAT COUNTRY?	3	21 02	9. BALLIMORE CITY	YRS	EDEATH	
nerol o narol o o once o once o o o o o o o o o o o o o o o o o o o		COUNTRY) Va	U.S. CITIZENO	(M	MARRIED .	DIVORCED	Balhi	norc	City	MD.
The dwith the for	19-5	Salt more	(IF NOT IN S	F HOSPITAL, NURSING		HER INSTITUTION	12a USUAL OCCUPAT	OF WORKING LIFE)	126. KIND OF B	USINESS OR
24 hours		AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTIO			1141	None	u .		
AND 24 h	13a S	MD I	COUNTY	Bathm	YES YES	NSIDE CITY LIMITS?	422 N.	Hi Ho	n St.	2/22
JARYL J with pletely nd 2 s	14 FA	THER'S NAME	MIDDLE	Tanana.	15 N	AOTHER'S MAIDEN NA	WE	_	To LAST	
M. start	16a V	VAS DECEASED EVER IN L			TY NO. 17 II	AFORMANT,	ADDR	ESS	CIA	ngs
BALTIMOR	((III	FYES, GIVE WAR OR DATES)	215-16-1	2857 U	m. H. Bac	tist, Jr	5171	lorman	dy Ane
		18 CAUSE OF DEATH (E PART I. DEATH WAS	CAUSED BY	er line for (a), (b), and (Na ha	maru	Arrest		BETWEEN ONS	E INTERVAL ET AND DEATH
PRESTON ST. he death cerr ne attending morion, or rem ritroumatic ev		1M/	MEDIATE CAUSE (g)	Chicato	1/VIII	JIM J	.,,,			
ESTON death attendi		Conditions, if any, wh		or as a consequek	CE OF					
W. PRE		gove rise to immedicause (0), stating	iote	OR AS A CONSEQUEN	CE OF					
201 ned plec		PART 2. OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 110	
ORD requ	TION						Landana	Tan 15 VSS 11	TEDE EN IDA	
NI REC	CERTIFICATION	19a DATE OF OPERATION	N 196 CON	DITION FOR WHICH O	PERATION WA	S PERFORMED	200 AUTOPSY?		VERE FINDINGS NG CAUSES OF	
FUITA NITA Physicio ficate tronsit Hygis		210. ACCIDENT WAS UNDERLY		OF INJURY A.M. MONTH DAY	YEAR 21c	HOW INJURY OCCUR	RED (ENTER NATURE OF INA	JRY IN ITEM 18 PART	I OR PART 2)	
ON OF Printed of the printed of the	MEDICAL	(IF EITHER NOTIFY MEDICALE	EXAMINER)	P.M.	19	LOCATION .				
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir offending physician. Wher this certificate has been signs as the burial-transit permit. Then th and Mental Hygiene prior to be orked or them 18 shows any injury	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME S	E OF INJURY STREET, FACTORY, OFFICE, FAR		LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
NOT OF		220.1 certify that (I)	n haspital attended	the deceased from	9/4	19_87	9/	19.		t (I) (we) last
ATTE SSPITE SCTO d for t. of h m 21			Alid not sew the boo	dy after death			death occurred on the d	late and hour a		
AL OR the hor the hor the hor the letoche the corp.	A	274 SIGNATURA	Luis	· MD	DEGR	ATTENDING PHYSICIAN	MEDICAL STA		9/15	5/81
O HOSPITAL TO FUNERAL should be deto		Sar 49	crazl,	MD	27e.	SINUI	Hospital	ofE	Baltin	ove
5 5 5 4 × 8 4	23a E	SURIAL, CREMATION, REA			ME OF CEMET	ERY OR CREMATORY	ZH LOCATION	AND THE	S RUNU Y	MAN
BP		SPECIFY) Burial	9/19	/87 St :	Stephen	s Church Ce		1 le		Md
DHMH - 16 50M 4/83		m. Nac. March	F/H West	4300 Wattack	Avenu	0 0	E REC'D. BY REGISTRAN	25b. REGISTRA	R'S SIGNATUR	E
(VRA 15, 4)		0. 1101 011	. /	.ooo nabasi	· //veilu	SEP 1	8 1097	lia Deord	son- Kanda	مالك

66242 SEP 1887 9/15/8/ 62814 terrand SIMON 0 15 1 Dullymac City ... 422 N 41 WH SK 21921 MID 215-16-085/16 M. Horald J. J. Fra Wagner & A. TROTTE POWERLASTER Promise of the particular of the state of th

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

23¢ NAME OF CEMETERY OR CREMATORY

REG. NO

2b. HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3MIN.

10:35 M

		OR PRINT)	FIRST		MIDDLE	ι	ASI		20 DATE OF DEATH	MONTH	DAY YEAR	Zb. HOUR
oge 3	(1,14)	OR PRINT)	RICHA	RD	E.	BA	RBOUR		SEPTEMBER	13,	1987	10:35
od od	3. SE.	X		4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRT	THD AY)	IF UNDER I YEAR	IF UNDER 24 H
office of the state of the stat		MALE		BLAC	(MONTH	17	56	31		MONTHS DAYS	HOURS M
de de	70 BI	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8			9 BALTIMORE CITY O	R COUN	TY OF DEATH	
# 32 8		COUNTRY)				MARRIED NEVER MARRIED		BALTIMORE CITY				
1	10 C	MD TY OR TOWN OF DEA	TH		S.A.	WIDOWE		NORCED [120 USUAL OCCUPATE			OF BUSINESS
135		BALTIMORE	```	(IF NOT IN SU	HNS HOPKI	ADDRESS)			(TYPE OF WORK FOR MOST O	F WORKING	LIFE) INDUSTRY	1/A
24 hours		AL RESIDENCE (IF NURS	13b COUN		13c. CITY OR TOWN		13d INSIDE (NO [136 STREET ADDRESS /	ZIP COI	DE AVENUE	21213
1 11-17	14. F.A	THER'S NAME		WIDDIE	LAST		15. MOTHER	S MAIDEN NA	ME MIDDLE			
2 48 79	1	JOSEPH		MIDDLE	BARBOU	R	EVI	ELYN	WIDDLE		JUS	TICE
200		VAS DECEASED EVER			166 SOCIAL SECUI	RITY NO.	17 INFORM	ANT	ADDRE	SS		
		YES NO OR UNKNOWN)	(IF YES GIV	WAR OR DATES)	214-68-86	685	EVELY	N BARBO	UR 1557 STO	NEWO		
1 2 4		18 CAUSE OF DEAT										ONSET AND DEA
2000		PARTI. DEATH V		E CAUSE (o)	CARDIO	PUCNO	MARRY	AllRE	57			MIN
death or		Conditions, if any		DUE TO, C	R AS A CONSEQUE	NCE OF	MoRRI	IAGE			3	FRAYS
		gave rise to imi couse (0), stolii underlying couse	ng the	DUE TO, C	R AS A CONSEQUE		HUSES					
The state of		PART 2 OTHER SIG	VIFICANT C	ONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART 1	o
1 13500 50	0 N		EtCH	ABU!	56							
do because bec	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	YES TO NOTE	IN CERT	ES, WERE FINDS	
g physical entiticate ind-transit intol Hygin intol Hygin		210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	III		YEAR	21c. HOW II	NJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 11	8 PART I ORPART 2)	
offending offending of the burner of the bur	MEDICAL	21d. INJURY OCCUR WHILE NOT WI AT WORK NOT WI	THE T		OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATI		CITY OR TO	WN	COUNTY	STATE
TTENDIN potal or CTOR: At for use of Health		22a 1 certify that (I) saw the deseas above (I) (we)	ed office on	91	CS 19_	87.0	od that in my	, 197] Dour) opinian	death occurred on the do		our and from the	tho (I) Pwe)
At OR A the hos At DIREC Jetoched Ste Dept. T; If them		22b. SIGNATURE	At	Carm	ivelo 1	MD	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAI		220 DATE	SIGNED (3
FUNER POSPIT, and by the Sto	1	224 PHYSICIAN'S N					22e ADDRE	SS _ 6	00 N. WOIA	est	- Balto	, mel.
HOS bined ould to the the		Scott	CAI	RNIVAC	E		The	1 dot	es HOPKIN	5 /	OSPITA	C 212

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR °C. MARCH F/H, INC. 1101 E. NORTH AVENUE

9/18/87

236. DATE

230 BURIAL, CREMATION, REMOVAL

BURTAL

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23d LOCATION

ANSDOWNE

Mulia Dividson Po

STATE

STATE

tho (lewe) last

1 - STATE

Glass ADDRESS 4020 North Point Blvd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Month CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART ? CITY OR TOWN COUNTY STATE .. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Burial St. Stanislaus BaltimoreMaryland 9-21-87 Duda-Ruck Funeral Home of Dundalk 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE .7922 Wise Ave. Dundalk, MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

CERTIFICATE OF DEATH

2h HOUR

12h KIND OF BUSINESS OR

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IF UNDER . YEAR

DHMH - 16 60M 7/84 (VRA 15, 4)

furnial director, page 3 thin 72 hours after death

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CEKTIF	ICAIE OF DEATH	REG.	NO.	4.00		hard to
		CEASED NAME FIRST NO BARILLIA	ICHOLAS M NI	CHOLAS	l	BARILLA	20. DATE OF DEATH		87	EAR	26. HOUR 1324 M
6	3. SEX	MALE	4 RACECAUC		5. DATE C	10/1910 YEAR	6. AGE (IN YEARS LAST	BIRTHDAY) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS
7		RTHPLACE (STATE OR FOREIGN PA	76. CITIZEN OF W		MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY Baltimo	-		тн	MD.
4		TY OR TOWN OF DEATH Baltimore	St. Ag	SPITAL, NURSING FACILITY, GIVE STREET A COST	G HOME C Spita	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Rigger		LIFE) 126 K	ND OF	Yard
1	13o. S		VIY.	ive residence before 3c city or town Catons	٧		130 STREET ADDRES	ford.	Aven	ue	21228
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2	160. W	VAS DECEASED EVER IN U.S. AR (ES NO OR UNKNOWN) (IF YES, GI	MED FORCES?	171-01-		Mary A. I		Same		# 1	AATE INTERVAL NSET AND DEATH
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1	CERTIFICATION	190. DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE F		GS USED OF DEATH?
	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that 11 (this hosp saw the deceased alive on above, (1) (well-did) (did not 22b). SIGNATURE 22d. PHYSICIAN'S NAME (TYPE C BETT F. M.	PRAINT)	FINJURY T. FACTORY, OFFICE, FA	19 (RM, ETC.)	211. LOCATION 211. LOCATION 211. LOCATION d that in (my) (aux) apinion of physician physician 22e address St. Agnes	city or , to Sept death occurred on the MEDICAL ST DIRECTOR PHYS	dote and ha	. 19_87	, the c	STATE that H+ (we) last ouses stated UKGNED 2, 1987
		URIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 09/04	/87 Cr	ame of ci	EMETERY OR CREMATORY Lawn Garder	23d. LOCATION OR Marrio	ttev	i Tale	ĵ.	o stotio

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remover with the State Dept. of Health and Mental Hygiene prior to burial, cremation

MPORTANT: If Hem 21 is morked or Hem 18 shaws ony

24 FUNERAL DIRECTOR 301 Frederick Road 21228
MacNabb Funeral Home, Catonsville,

SEP 4 1987 Julia Dindon Radial

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07/84	BP.		(38)	BURIA		03/1987		ODLAWN	CEMI	ETERY		City	OK TOWN	BA		DRE, MA	
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	(VR A15 ME (5)))	250	1 Gwynns F	alls Pky	vy. Bal	timor	e, Md	. 212	16	UU	107	1987	1.	2- 6	. 4	6

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	FOR STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG TCATE OF DEATH		5 4 4)
067285 0	104	ABINAME INST	MIDDLE		LAST .	REG. NO 20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
y be		BARONE	CHARL	Es C.			9 24 87	7:30 PM
ige 4 mo	3. SE	×	1. RACE	S. DATE (6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS
h. Po	7a. B	RTHPLACE ISTATE OR FOREIGN COLUMNY) New York	76 CITIZEN OF WHAT COUL	NTRY? 8. MARRIE WIDOW	D MEVER MARRIED D	BALTIMORE CITY O	R COUNTY OF DEATH	MD
138		Both more		MONY CO		120 USUAL OCCUPATION OF WORK FOR MOSTO	F WORKING LIFE) INDUSTRY	OF BUSINESS OR
134	130.	AL RESIDENCE (IF NURSING HOME STATE 136 CO	UNTY 13c. CITY O		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 6 Upland	ZIP CODE Road Apt. A	3 21210
		1	Frank Baron	e		e Jerris	l A S	51
The service and the service an		VAS DECEASED EVER IN U.S., A YES, NO OR UNKNOWN) YES YES K	SIVE WAR OR DATES!	8-3638	Mrs. Marlene	C. Barone	6 Upland Rd	. 2121
equires that the death cert is signed by the attenting. Then pisous remove corbot to bursal, cremotion, as re- niury, or other traumatic e-	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	SEQUENCE OF	POGOUS HITTERY		DITION GIVEN IN PART 11	YEARS
Not be the formation of the property of the pr	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDII IN CERTIFYING CAUSES YES	
thristician ading physic his corrifcont bursel from the correction of the correction	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED)	HOUR A.M. MONT P.M. 21e. PLACE OF INJURY	19	21c. HOW INJURY OCCURR	CITY OR TO		STATE
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r ATTEND hospital rections editor on pri. of He em 21 h n		sow the deceased olive	pital) attended the deceased on SUT ZV not) view the body after death.	(-)	nd that in (my) (our) opinion of	, 10	, 17	
FRALDS		22d. PHYSICIAN'S NAME (TYP	ugan	V	ATTENDING PHYSICIAN	MEDICAL STAT	F	1/24/87
TO FUNITOR FUNITOR TO FUNITOR FUN		RICHARD	S. KAPLAN	MD	22 S. Green		rimone, MD 3	1201
BP		BURIAL, CREMATION, REMOVA Burial	23b. DATE 9/28/87		edeemer Cem.	23d LOCATION CITY OR TOWN Baltimo	re, Md.	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME I TCHELL - LUT ÆDET		6 5 00	York Rd. 250 SAM	P 3 0 1987 AR	25b. REGISTRAR'S SIGNA	Piredace

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FOR STATE	AR		DEPART		EALTH AND MENTAL HYD ICATE OF DEATH		G. NO.		4	
1	I DECEASED N	AME FIRST		MIDDLE	i	AST	20 DATE OF DEAT	TH MONTH	DAY YE	AR 26 HOUR	
1	TYPE OF PRINT	LAWRENCE			BARR	ETT	Sept	3 8	77	1130Am	
1	3 SEX		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER !		
	/ Male			hite		29-1900 YEAR	87		DATS HOURS MIN,		
7	70 BIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI	NEVER MARRIED	BALTIM		ITY OF DEAL	n .	
1	Maryla		U.S.A.		WIDOWE			MD.			
A	BALTIMO	RE CITY	(IF NOT IN SUIT	HOSPITAL, NURSII CH FACILITY, GIVE STREET ION MEMOL	NG HOME C	OSPITAL	IPATION LOST OF WORKING PT	GLIFE) INDUS	nd of Business or STRY andscaping		
2	13a. STATE	Maryland Baltimore Balti				13d INSIDE CITY LIMITS? YES X NO	13. STREET ADDRI 1453 Med	ifield	Avenue	e 21211	
-	14 FATHER'S N	AME RST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	DLE		LAST	
1	Thor	nas		Barret	tt	Agnes			Flor		
	160 WAS DECE	ASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	A	DDRESS			
	NO OR L	(IF TES O	-	212-05-2	2008	Hazel Klaci	k 1453 Me	dfield	Avenu	e 21211	
	18 CAUS	18 CAUSE OF DEATH (Enter only one couse per line for 101, tb), and IC). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) A POX									
		ons, if ony, which	DUE TO, C	Congesti		eart faily-	e				
	couse underly	ing couse lost	(- 10)	a rute	ven.				-	3days	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
7	SIGN VCC	OF OPERATION	19b. COND	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USI IN CERTIFYING CAUSES OF DEA YES \(\sqrt{NO} \) NO				
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	OR CONT (IF EITHE 21d. INJU WHILE AT WORK	NOT WHILE AT WORK	21e PLACE (AT HOME SI	OF INJURY FREET FACTORY, OFFICE	FARM ETC }	21f LOCATION STREET	CITY	ORTOWN	COUN	TY STATE	
	sow	tify that (I) (this hasp the deceased alive a ve, (I) (we) (did) (did n	n Sept:	19_	87	nd that in (my) (our) opinion	deoth occurred on t	the date and I	hour and from	2., that (I) (we) last muthe couses stated	
	27b. SIG	D. Stev	eHal	plane		DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR PE	STAFF	S 220 1	got 3, 87	
	22d. PHY	SICIAN'S NAME LIVE	ORPRINT) He	nch		UNION MEMO					
	(SDECIEV)	REMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION		TT COUNTY	- MJ STATE	
	1	Burial	9-5-	1987 Cr	est L	awn Memorial		řille,			
	24 FUNERAL D		2	ADDRES			TE REC'D BY REGIS	TRAR 256. REG	SISTRAR'S SIG	GNATURE	
	Burgee	-Henss Fun	eral Hor	ne 3631 F	alls	Rd. 21211	500s ö	1 . 1	- 1	À :	

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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				REGISTRAR		CERTII	ICATE OF DEATH	REG. NO.				
151	54	CO	DEC	POLITICAL PROPERTY OF THE PROP	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
9 P	9 4	7	37	EDWARD	ANDERSON BA	RTEE		9/8/87	м			
e a	è	3.	SEX		4. RACE	5. DATE		6. AGE (IN YEARS (AST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
ge 4	s at			M	В	12	8 1913	73 _{YRS}	MONTHS DAYS HOURS MIN.			
E 4	26	70		THPLACE STATE OF FOREIGN	75 CITIZEN OF WHAT COUR	VTRY? 8.	DEKNEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEAT				
Secrifi.	O.			Va.	U.S.A.	WIDOW	ED DIVORCED	City MD.				
by the t	1	100		alto.	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY GIVE 1630			179 USUAL OCCUPATION	ISE KIND OF BUSINESS OR INSUETE E			
	13	1	SUA la. ST	ATE Md . 136 COU	NTY Bal	R JOWN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 1630 Division	St. 21217			
	1	9	7	HER'S NAME ALLY H.	MIDDLE LA Bartee	51	15. MOTHER'S MAIDEN NAM	ME R.	Brown			
5 8	-	16	a W	AS DECEASED EVER IN U.S. AF		SECURITY NO.	17 INFORMANT	ADDRESS				
200 0	6 1/			s, no or unknown) (IF YES, GF WW]	T 228	01 301		a Bartee 1630	Division St.			
e death continue	move corresponds notion, or tempor froumofic events			Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CON	but po	t. had end st	age copp on chum on sur	BETWEEN ONSET AND DEATH W. O. F. SHUMBUS			
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he low re an. hos been	in permit.	7	CEKTIFICATION	90. DATE OF OPERATION	196. CONDITION FOR V	HICH OPERATIO	N WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO			
CIAN: T g physic ertificate	ntal Hyg	-81		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	H DAY YEAR	21E. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 P	PART I OR PART 2)			
affending ter this c	s the bur ond Me	1	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
pitol or	af Health			22a. I certify that (I) (this hosp saw the deceosed give of above (I) (we) (did (did no		07	nd that in (my) (our) opinion o	to, to, deoth occurred on the date and hou	19 8 2 that (1) (we) last r and from the couses stated			
the hos	efoched te Dept. T. If Item			22b. SIGNATURE	man m		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED			
HOSPIT, tained by O FUNER	should be de with the State			22d PHYSICIAN'S NAME (TYPE OF NOSS	MANU MA		22e. ADDRESS	6 S-Oreen E	Street			
2 € 2 BP	5 3 ≤ †	23		IRIAL, CREMATION, REMOVAL BUTIAL	23b. DATE 9/12/87		emetery or crematory rstone Cem.	23d LOCATION CUMberlar	ndounty VA. STATE			
DHMH - 16	AOM 7/P	24	FUI	NERAL DIRECTOR			250. DATI	E REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE			
(VRA			-	as. A. Morte	on & Sons 1	701 Lau	rens St. SE	P9 1987 1.				

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executed within 24 hours ofter deoth. Page 4 may be

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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10	REGISTRAR		CERTIFICATE OF DEATH REG. NO.								
1. DE	CEASED NAME E OR PRINT)	FIRST	MII MII	DDLE	1200	TOLL		20. DATE OF DEATH	MONTH	DAY YEAR	26. HOURS
2.05		TURI	MIN		5. DATE C	TUN		AGE (IN YEARS LAST BE	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
3. SE	×		4. RACE	2	MONTH	-17-	YEAR	69	YRS	MONIHS DAYS	HOURS MIN
	IRTHPLACE (STATE	ORFOREIGN	76 CITIZEN OF W	HAT COUNTRY	? 8 MARRIEI	D NEVER M		BALTIMORE CITY		Y OF DEATH	
	5		US	A	WIDOWE	D DIV	ORCED 🔲	Daltimo	ore	city	N
10 5	TY OR TOWN OF	DEATH	11. NAME OF HO	PACILITY, GIVE STRE		OR OTHER INSTI	HARDI	120. USUAL OCCUPAT			OF BUSINESS O
	AL RESIDENCE (IF)	0 . 4		31. CITY OR TO		13d. INSIDE CI	IY LIMITS?	13e.SIREET ADDRESS	(h	SUN ST	41/
1	ATHER'S NAME FIRST		WIDDLE	LAST			MAIDEN NAM IRST	E MIDDLE		LAS	ST
16e '	WAS DECEASED ET		RMED FORCES?	219-07-	3594	Loren		un 201		Paysor	st
	18 CAUSE OF DI	ATH (Enter o	nly one cause per li	ne lar (o), (b),	and (c).)	٥	۸۱.			APPROX SETWEEN	ONSET AND DEATH
	PART I. DEAT		TE CAUSE (o)	Electrol	yer-	BUDGEW	alutio	٥		-	486
			DUE TO, OR	AS A CONSEO	1 1	0 0 0		to have m	toch	2001	100-
	Conditions, if gove rise to		(b)	pros	tate c	arcinon	na wi	IN JONE IN	<u>Jus 10</u>	CIXED 1	9000
	couse (o), st underlying co		DUE TO, OR	AS A CONSEO	UENCE OF						
Y.	BART 2 OTHER	ICNIE ICANIT	(5)	NITPIPIUTING TO	DEATH BUT	NOT PELATED	TO THE TERMI	NAL DISEASE OR COM	IDITION G	IVEN IN PART 1	10
Z	PART 2. OTHER.	-	er of the	1		THE RELETIES	TO THE TERM	THE BISENISE ON CO.			
CERTIFICATION	19a. DATE OF OPI		21 01 110	- 0 - 1 - 0		N WAS PERFOR	RMED	20a AUTOPSY?		ES, WERE FINDI	
F			5 5 6 6					YES NO		TIFYING CAUSES YES 🗌	NO [
E F	210. ACCIDENT WAS		216. TIME OF		DAY VEAR	21c. HOW IN.	URY OCCURR	ED (ENTER NATURE OF IN)	JRY IN ITEM 18	B PART I OR PART 2)	
A	OR CONTRIBUTING	_	810	NONTH	19						
EDICAL	21d. INJURY OCC		21e PLACE O	F INJURY	F FARM ETC)	211. LOCATIO	N	CITY OR 1	NWC	COUNTY	STATE
2	AT WORK	WORK									
			oital ottended the				19 8+	to per 1	3		that (1) we la
	sow the dec	eosed olive o e) (did) (did n	ot) view the body o	fter death.			our) opinion d	eoth occurred on the	dote and he		
	226 SIGNATURE	Δ	210	1		DEGREE	TTENDING _	MEDICAL STA	AFF /	22c. DATE	SIGNED
	XI	rda I	Taurhu	not		P	HYSICIAN [CIAN	19/1	3/84
	22d. PHYSICIAN					22e. ADDRESS	5				
	1 41	NDA	PARKHUM	TZF		UNIV.	OF MD	HOSP. 120	S. GR	GENE ST	BALTI
23a.	BURIAL, CREMATH					EMETERY OR C		23d. LOCATION	Milla	COUNTY	Md
		ial	9/17/8	/) 4	arriso	n Fores		Owings REC'D. BY REGISTRA	Mills		
24	PUNERAL DIRECTO	112	42m	1/10/19	asht	NF.	CEE	4 6 1087	4	Tondon-Ra	0.0
VY	TIMIL	ITI	his El	MULL	4 11 1	VIV	And Object	1001	-		-

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otterwine should be detached for use as the burial-transit permit. Then please remove convents the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the dearetained by the hospital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

Burral

Schimmer Funeral Home, Inc. 3331 Brehms Lane, Balto., Md. 21213

9-28-87

23t. NAME OF CEMETERY OR CREMATORY

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Holy Redeemer Cemetery on Balto., Md.

23d LOCATION

ilia Devider Randall

2b. HOUR

12h, KIND OF BUSINESS OR

INDUSTRY

NESTERN

LAST

21204

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

22c DATE SIGNED

10 min

DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNERAL DIRECTOR

23c NAME OF CEMETERY

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

26 HOUR

100

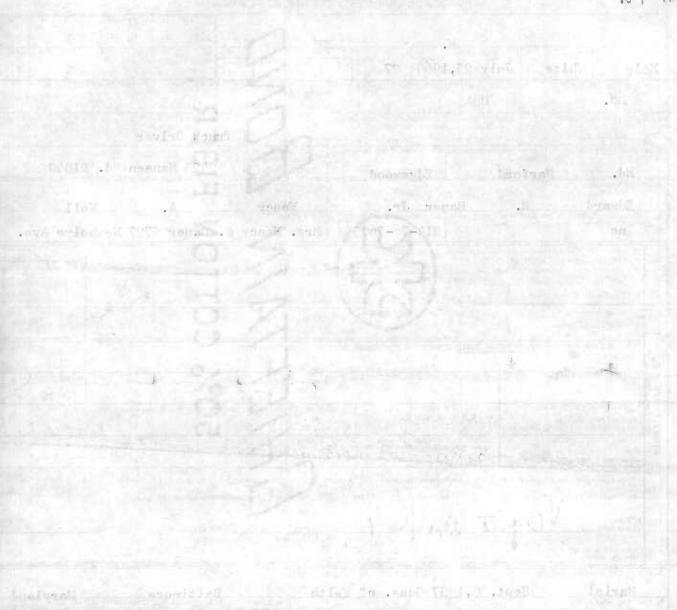
IF UNDER 24 HRS

067305 0CT - 107 REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO.

	100000000000000000000000000000000000000		REGISTRAR		TVIL	DICAL	FVVIIIIAE	N 3 CL	KIIIICA	IL OI D	EATH	REG. NO.			
			EASED NAME	FIRST		WIDDLE		LA	st		20. DATE KN	NOWN X	HINOM	DAY YEAR	26 HOUR
	経過程器に	(,,,,	ON PRINTIN	DANA	Α 1	7		BALIE	D		DEATH A	AATED	9-27	-8719	N
	予算を表現	1. SEX	20	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR:	S IF UND	R I YR. IF	UNDER 24 HI	RS. 2c. DATE		MONTH	DAY YEAR	24 HOUR
	PAZONA PAZONA	1	le	White	July 25		27 YRS	. MOINTIS	UATS IN	OURS MIN.	DEAD			-8719	10:31
-	BANKES A	7a BII	RTHPLACE (ST	ATE OR	76 CITIZEN OF WI	HAT COUN	TRY? 8	MARRIED	NEVER	MARRIED [RE CITY OR			
	BENEFO	1		/	USA			WIDOWE		OIVORCED [imore	- al-		MD
8	N SHARE		altimor	- /	II NAME OF HOS	CILITY, GIVES	RSING HOME, (TREET ADDRESS) HOSDITAL		INSTITUTIO	12a.	USUAL OCCUPA FOR MOST OF WORKIN Cruck Dr	TION (TYPE OF IG LIFE) iver	F WORK	OR INDUST	JSINESS RY
21201	TO THE PARTY OF TH		L RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION, GI	13c. CITY		13	d. INSIDE CITY L	IMITS? 13e	STREET ADDRESS	ansen	Rd.	21040	
9/	はいいかの	II, FA	THER'S NAME		WIDDLE		LAST	1	S. MOTHER'S	MAIDENNA				LAST	
副	家庭 级	/	Edwar	d	_	uer	Jr.		Nan	icv	A		N	[0]]	1100
IMO	23820		S. NO. OR UNKNO	DEVER IN U.S. AR	RMED FORCES? E WAR OR DATES)		CIAL SECURITY I		. INFORMAI	NT °	. D	ADDRESS			
. IN	S AF GIVE PAG VISIC	-	no			214-	-76-7603	3	Mrs. N	lancy A	. Bauer	5727	Newh		
1	18 W			ATH WAS CALISE	nly ane cause per line		(, , ,		5					BETWEEN ONSE	
N S	A PERM			IMMEDIA	TE CAUSE (a)				head						
EST	NO NET A PER		Canditia	ns, if any, which		AS A CON	NSEQUENCE OF								
E.	E SERVE		gave ris	se to immediate	e / (b)			3		70				-	
W 11	WEN THE		lying cau	stating the <u>under</u> use last.	DUE TO, OR	AS A CON	NSEQUENCE OF							10.7.19	
25	25.00			(c)											
ONO	ENA PICA	z	PAKE 2 U INER SE	ARE Z OBINCE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DIK CONDITION GIVEN IN PART 1 (a).											
2	BY 5 4 9 4	9	19a, DATE OF	OPERATION	I 19h CONDI	TION FOR	WHICH OPERA	TION WAS	PERFORME	D?				20 AUTOPSY	?
1×	WALES OF	CERTIFICATION												YES 🛣	NO 🗆
>	MAN WAS	ERT	21a EXTERNA	AL CAUSE WAS	21b. TIME O			21c. HOV	V INJURY OC	CURRED IEN	HTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT I OR PART		140
2 2	A HOUSE	10.00	UNDERLYING	OR OR	DEATH BEST AND	9~274	87 YEAR	seli	/infl	icted					
/ISI	PRA HOUSE	MEDICAL	21d. INJURY C	OCCURRED	21e PLACE	OF INJURY	(AT HOME,	211 LOCA		MALE .	CITY OR TOWN	H.T.O			STATE
ă	ARPI ARPI ARPI ARPI ARPI ARPI ARPI ARPI	2	WHILE AT WORK	NOT WHILE	x bedr	OOM	(IC.)	2423	Hans	on Rd.	CITTORTOWN		wood 1	Marylan	
	TE. TE. PARTE		220 Leertu	fy that I taak char	ge af the remains de	scribed abo	ave held an	Autopsy	KI. In	rspection	. Inquiry	and	in my apii	nian	
	A SA SEA		death result		ural causes ,	Accident		ide X	Hamicide		ndetermined man		,		
PATE NITH NATH			dedili resum	Ma	. 1	\ (1 1	,	TITLE (SPEC						
	A D D D D T T T		ACTUAL SIGNATURE	WO	white	Not	1610	M.D			MEDICAL EXAMIN	VER	DATE	0_20_	07
	SEA SEA	1			1	ala	1 nod			COITE			0.01.62	-5-20	07
	NOW BEEN		EXAMINER'S TYPE OR PRI		Margarit	a A.	Korell,	M.D.	DDRESS		111 Per	in STre	eet		
	524548	23a.B	URIAL, CREMA	TION, REMOVAL	23b. DATE	23c. f	NAME OF CEME	TERY OR	CREMATORY	230	d. LOCATION CITY OR TOWN		COUNT	TY S'	TATE
07/84	BP		Buria	1	Sept. 30.1	987 G	dns. of	Fair	th		Baltime	re		Marvl	and
25M	DHMH - 17	24 FI	JNERAL DIREC		uck Inc.					SFP 3	D. BY REGISTRAR			on Roda	
	(VR A15 ME (5))		Leon	ard J. R	uck Inc.	Balti	more. M	arvla	and	DET D	U 198/	Julia 1	a corde	Wy Condo	



Lacounted de Maca Luc. Ber biscore, Maryland Dick

	000	١,	FOR			ATE OF MARYLA		NE 2 5	4, 3	3
-	065828	2	STATE REGISTRAR		MEDICAL EXAMI	NER'S CERTIFI	CATE OF DE	ATH REG. I	NO.	
2	- 0	1. De	CEASLINIUE F	IRST	MIDDLE	BEAL &	FEID	20 DATE KNOWN OF ESTI-	MONTH .	DAY YEAR 26 HOU
1	ASE DRS. ET,		JO	HIV	C.			DEATH MATED	□ 9	13 19 87
9	ARY, PLE DIRECTION OUR FILL ON STRE	No.	ele Irlai	A MO	ATE OF BIRTH INTH DAY YEAR 12-11-1946 40	YEARS IF UNDER 1 YR. IDAY) MONTHS DAYS YRS.	IF UNDER 24 HRS.	PRONOUNCED DEAD	монтн	13 1987 21 HOU 13 1987 A
	AY IS NECESSARY, PLEASE THE FUNERAL DIRECTOR. AGES FOR YOUR FILES. FILED. WITHIN 72 HOURS. TOWN PRESTON STREET.	1 14	REIN COUNTRY)	7b. C	21. S.A.	MARRIED N	EVER MARRIED DIVORCED	Baltimore city Baltimor	_	
	100000000000000000000000000000000000000		altimore	(NAME OF HOSPITAL, NURSING HOA IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS INIVERSITY HOSPITA	AÉ, OR OTHER INSTITU 1 1		UAL OCCUPATION (T		OR INDUSTRY
	ANY DEL AND 3 TG RETAIN HOULD RECOR			HOME OR OTHE	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS			REET ADDESS	neton	Blue .
	PESTH. IF	14.5	ALLA	6:	Bealeful	2 15 MOTH	ERS MAIDEN NAMI	? Tra	ols-	(45)
	AFTER PAGES 11	190	AS DECEASED EVER IN U	5. ARMED F	ORCESP INE SOMAL SECUR	modo. 17 ANDA	MANT Deg	aldely -	35	tone Dr.
	ITHE 2 CIL I VIEW IS CIL I VIE	7	PARTI DEATH WAS C	AUSED BY. MEDIATE CA	couse per line for (o), (b), and (c).) USE (o) Multiple DUE TO, OR AS A CONSEQUENCE	e injuries		91.	75	APPROXIMATE INTERVEL BETWEEN-CHIEF AND DEATH
	DS, 201 W. CECUTED W. IG. IN PEN AL EXAMII BURIAL - TR AND MENT ATTERNORY		tying couse last.	inder)	DUE TO, OR AS A CONSEQUENCE (E) BUTING TO DEATH BUT NOT RELATED TO THE TE		DN GIVEN IN PART T (Q).		1	77.8
	LI KECOKD ULD BE EXE "PENDING FF MEDICA ED AS A BI HEALTH A AL, CREMA	CERTIFICATION	19a. DATE OF OPERATION	.1	196. CONDITION FOR WHICH OP	TRATIONIAN S DEDE	Bus Da			
	MAL SEP	FICA	THE DATE OF OPERATION		176. CONDITION FOR WHICH OP	ERATION WAS PERFO	KMED?			2D AUTOPSY?
	WOOD WOOD WANTED	ER	21a EXTERNAL CAUSE W	AS	216 TIME OF INJURY	121c HOW INJUR	Y OCCUPPED JENTER	NATURE OF INJURY IN ITEM I	S PART 1 OR PART	YES X NO [
	STATE OF STA		UNDERLYING OR CONTRIBUTING CAUS	E OE DE ATL	HOURS MONTH DAY YES	AR		ixed object		
	ERTIFICATION OF THE PRICE PRIC	MEDICAL	21d INJURY OCCURRED	E OF BEAT	21e PLACE OF INJURY (AT HOME.	211. LOCATION	OI auto/I			
i	一 美 ろ る ひ に つ し	2	WHILE D NOT WHILE AT WORK	X 3.	street, FACTORY, FARM, ETC.)	Ostend 8	& Sharp St	city or town	City	TY STATE
•	XAMINER: TERTIFICATE, ID BE FORW DIRECTOR: PWITH THE ST		220 I certify that mack death resulted from ACTUAL SIGNATURE	charge of the	he remains described above, held an area () Koden ()	Autopsy A,	Inspection .	Inquiry , c	DATE SIGNED.	
	TO MEDICAL EX. EXECUTE THE CEI PAGE 4 SHOULE TO FUNEAL DIN AFTER DEATH, W BALTIMORE, MA				F. Smyth, M.D.	ADDRESS_	111 Per	n St., Bal	.to., M	D 21201
		23a.B	URIAL, CREMATION, REMO	VAL 236. DA	ATE 23c. NAME OF C	EMETERY OR CREMAT	1 - 1 /-	OGATION OR TOWN	COUNTY	STAME
07/1 25N		24 F/	UNERALDIBECTOR	11-1	Book De Curl	2/2)2	25a. DATE REC'D. BY	Y REGISTRAR 25b. REG	GISTRAR'S SIC	NATURE
	DHMH - 17 (VR A15 ME (5))	of	tra & Coun o	In	on 901 Ibel	m A.	SEP 15		ander-	

should b 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL 9-6-87 BETH JACOB CONG. 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6040 REISTERSTOWN RD., BALTO., MD 21215

JOHNSON

DHMH - 16 60M 7/B4 (VRA 15, 4)

CARROLI

JOUNS HOPKINS DEPT. OF SURGERY

COUNTY

22c. DATE SIGNED

STATE

2b HOUR

126 KIND OF TOURSS OR

RAPHAEL

BLUM CO.

8:02

IF UNDER 24 HRS

#21208

21093 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1987

IF UNDER I YEAR

BP.

DHMH - 16 60M 7/ (VRA 15, 4) FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-16 8	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1 DE	CEASED NAME OF PRINT	191011/10	Bensley	20 DATE OF DEATH MONIH	37 87 9 15 OM
3. SE:	F	BIK 2	5. DATE OF BIRTH SONTH DAY YEAR YEAR	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER TYEAR IF UNDER 24 M.S. MONTHS DAY'S HOURS MIN. S
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		Baltymore COUNTRY OR COUNTRY	NTY OF DEATH MD.
B C	alt more	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION T ADDRESS) TO CENTRAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	GLIFE TO SE TOUSE TOUSE
13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	t. at Bay.		130. STREET ADDRESS / ZIP CO	LIENDE AVE ZIZI
14 FA	ATHER'S NAME	MIDDLE Hubbar	15 MOTHER'S MAIDEN NA OFFICE OFFICE	AC	Lunaford
. (VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) I IF YES, GIV	MED FORCES? 166 SOCIAL SECU (E WAR OR OATES) 2 58.3	URITY NO. 17 MORMANT	aton PN	Inso Evenore
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	oly one cause per line for (a), (b), or DBY. TE CAUSE (o) CALCO	11.610. 110	ARROST	APPROXIMATE INTERV BETWEEN ONSET AND D
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE PROPERTY OF THE PROPE	INCE OF YPER TOWN	7:0-14	
NOI	PART 2 OTHER SIGNIFICANT O		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
CERTIFICAT	19a. DATE OF OPERATION	496 CONDITION FOR WHICH	HOPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	PAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	IS PART + ORPART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT MOME STREET, FACTORY, OFFICE	FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased olive on obove, (I) (we) (did) (did no	tal) attended the deceased from 19_11 view the body after death.	ond that in (my) (our) opinion	death occurred on the date and	
	The Signature of	tilal	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE SIGNED
	228 PHYSICIAN'S NAME (TIME)	FAKUNLE	2300 GARA		BHS 21216
	BURIAL, CREMATION, REMOVAL (SPECIFY) BUTTEL	10-1-87 C	NAME OF CEMETERY OF CREMATORY ANYSON FOYES	+ BOOTING	re Manylan
B	UNERAL DIRECTOR NAME THOM	20500 F. Adoress	P.11. Box 4433 OC	T 2 1987 Juli	GISTRAR'S SIGNATURE

E	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
ed with DHYSICIAN. The low requires that the second of the low requires that the second of the San Anna Anna American	
etoined by the hospital or attending physician.	0
TO FUNERAL DIRECTOR. After this certificate has been signed by the ultimate chysician and completely filled in by the funeral director, page 3	1
should be detached for use as the burdantolish permit then probe immers and properly roges I and 2 spatial be tiled without 2 hours after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or remayal.	

6650	7 SEP	23 8	7 FOR STATE REGISTRAR OTTI	LIE I. BI		ENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE Z.	5 4	3 0
, pe	poge 3		ECEASED NAME FIRST	ILIE	MIODLE	F	5ECK	2a. DATE OF DEATH 9/21/87	9 21	97 623 AM
4 mo	after o	3. S	FEMALE	4. RACE WHITE	7	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	MONT	NDER I YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.
deoth. Page	funeral direction 72 hours	2	SIRTHLECE (STATE OR FOREIGN COUNTRY) MARYLAND LITY OR TOWN OF DEATH	76 CITIZEN OF	WHAT COUNTRY?	MARRIE (16 01 NEVER MARRIED NOW DIVORCED ROTHER INSTITUTION	9. BALTIMORE CITY O BALT IMOR	E CITY	MD
201 ors ofter	filed with	0	BALTIMORE	ST. AC	CH FACILITY, GIVE STREET AN ENES HOSPI	TAL	K OTHER INSTITUTION	126 USUAL OCCUPATION OF THE CONTRACT OF WORK FOR MOST OF THE CONTRACT OF THE C	26. KIND OF BUSINESS OR NDUSTRY BAKERY	
AND 21	filled in	13a	JAL RESIDENCE (IF NURSING HOME STATE 136 CO MARYLAND HOV	OR OTHER INSTITUTION UNITY VARD	13c. CITY OR TOWN ELLICOTT	1	134 INSIDE CITY LIMITS? YES NO 🕅	13e. STREET ADDRESS 2917 GREENWAY DRIVE 21043		
MARYL, ed within	FATHER'S NAME FATHER'S NAME FREST HERMAN				LUCKE 15. MOTHER'S MAIDEN NA FIRST FREDERIC			MIDDLE		APPLE.
BALTIMORE,	Poges I	2 100	WAS DECEASED EVER IN U.S., (YES NO OR UNKNOWN) (# YES,	ARMED FORCES? GIVE WAR OR DATES)	212-42-8		JUNE RHOADS	ADDRE	PHOEN	IX 21131 LE PIKE MD
w. PRESTON ST., I hot the degree combo	d by the attention physicises core returns corpersol, cremotion, or remaval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, C	Se PSI	NCE OF	ect in fectio	· ^		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ORDS, 20	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS									
AL RECC	he lov				DITION FOR WHICH C	PERATION		200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO		
ON OF VITAL RECORDS HYSICIAN: The low requi	certificate unal-transi tental Hygi	PDICAL CER	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	JER) P	.M. MONTH DAY	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1	OR PART 2)
0 70	2 0 × 0	1 0	21d. INJURY OCCURRED	ZIO. PLACE	OF INJURY		211 LOCATION			

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK , that (I) (we) last 22a. I certify that (I) (this haspital) attended the deceased from , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23b. DATE

09/23/87

22e ADDRESS

900 CATON AVERYE Saint Agres

DR. K. RIKABI 23a BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

23c NAME OF CEMETERY OR CREMATORY LORRAINE PARK

23d LOCATION CITY OR TOWN WOODLAWN

COUNTY BALTIMORE MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is morked

24 FUNERAL DIRECTOR LEROY M & RUSSELL C WITZKE FUNERAL HOME ATE RECT.
NAME 1630 EDMONDSON AVE. CATONSVILLE MD 21228 SEP 22

page 3

FOR STATE FOISTRAR	DEPART		CATE OF DEATH	REG. NO.		
I. DECEASED NAME FIRST	MIDDLE	LA	ST	20 DATE OF DEATH MONTH	20 11	IOUR
Caroli	ne Alice	Ве	ell	09 .	- 26-87	45PM
3. SEX	4 RACE	5 DATE OF		6. AGE (IN YEARS LAST BIRTHDAY)		NDER 24 HRS
Female	White	"ONT"	/12 17 YEAR	70 yrs.	MONTHS DATS HOU	RS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	V NEVER HARRIED [9. BALTIMORE CITY OR CO		
Maryland	U.S.A.	WIDOWED	NEVER MARRIED DIVORCED	Baltimore	City	MD.
ID CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OF	R OTHER INSTITUTION	128. USUAL OCCUPATION	126. KIND OF BUS	SINESS OR
Baltimore	Francis Scott		pital	CTYPE OF WORK FOR MOST OF WORK	MD. NAT	
SUAL RESIDENCE (IF NURSING HOME OF Maryland			13d INSIDE CITY LIMITS?	13. STREET ADDRESS 4ZIP	COSt./21224	BLDO
4 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA			C
George	Weinbeck		Augusta	MIDDLE	Buettner	
60 WAS DECEASED EVER IN U.S. AR		JRITY NO	17 INFORMANT	ADDRESS	20000,02	Process
(YES NO OR UNKNOWN) (IF YES GIV	217-52-7	436-A	John Bell 1	00 S. Eaton St	. Balto.2122	4
PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and ED BY: TE CAUSE (a)		rest		APPROXIMATE P	NTERVAL AND DEATH
Conditions, if any, which gave rise to immediate couse to, stating the underlying cause lost.	DUE TO, OR AS A GONSEOU (b) DUE TO, OR AS A CONSEOU (c)	atic	Bread (aramona		
	conditions <u>contributing to</u>	DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110	
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	IB CONDITION FOR WHICH OPERATION WAS PERFORMED			IF YES, WERE FINDINGS U ERTIFYING CAUSES OF DI YES \(\text{NC}\)	
OR COUNTRIOUS COLOR OF AL	AIN .	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 8 PART OR PART 2}	
(IF EITHER NOTIFY MEDICAL EXAMINES 214 IN JURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE

saw the deceased alive on above, (1) (we) (did) (did not the above of the death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGN DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 224 PHYSICIAN'S NAME

23a BURIAL, CREMATION, REMOVAL Bürial

236. DATE 09/29/87

23c NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

23d LOCATION
CITY OF TOWN
Baltimore, Maryland

19_

that (I) (we) lost

DHMH - 16 60M 7/84 (VRA 15, 4)

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this certificate has be the buriol-transit per and Mental Hygiene hem 18

FUNERAL DIRECTOR

should be detached with the State Dept.

IMPORTANT

24. FUNERAL DIRECTOR Lilly & Zeiler, Inc. 700 S. Conkling St. 21224

22a.1 certify that (1) (this haspital) attended the deceased from

and a reason being

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

DHMH - 16 60M 7/B4

(VRA 15, 4)

irector, page 3 (S)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. 1	10.		h
	SED NAME E OR PRINT)	FIRST		MIDDIE (F	BEN	BOW	20 DATE OF DEATH SEPTEMBER	MONTH	DAY YEAR	26 HOUR 12:55 A
3. SE	male	4. 1	RACE bla	ack	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST B		IF UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE STATE OR FO		US	WHAT COUNTRY?	WIDOWE		Baltimore City Baltimore	City		MD.
	ITY OR TOWN OF DEAT Baltimore		Mary1	the facility, give street and Gener	addressi	rother institution spital	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Unemploye	OF WORKING		OF BUSINESS OR
130.	Md	3b. COUNTY	TER INSTITUTION	Baltimo	'N	13d. INSIDE CITY LIMITS? YES XX NO []				1 e Apt 130
	Albert	MID	DIE	Be'nbow	,Sr	Geraffaine	WE		Burge	r
	No	JIF YES, GIVE W	AR OR DATES)	166 SOCIAL SECU 217-52-5	574	informant Geraldine Ga		N. Fr	remont A	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE								- J. J. S.	
ATION	19a DATE OF OPERATION			Cardiome	galy	NOT RELATED TO THE TERM	200 AUTOPSY?		ES, WERE FINDI	
CERTIFICATION					OFERATION		YES 🔀 NO	IN CERT	IFYING CAUSES	
MEDICAL CE	OR CONTRIBUTING CA	10. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH JIF EITHER NOTIFY MEDICAL EXAMINER) 1d. INJURY OCCURRED 21e. PLACE OF INJURY				211 LOCATION	RED (ENTER NATURE OF INJURY IN 11EM 18 PART 1 OR PART ?) CITY OR TOWN COUNTY			STATE
W	WHILE NOT WHILE AT WORK 22a.1 certify that (IX) (sow the decosec above, IX (we) (die 22b. SIGNATURE	this hospital) I alive on () (drawnyn) v	ottended th Septem lew the body	e deceased from ber 30 19 ster death.	Septe	mber 29,19 87 Id that in (mgr) (our) opinion DEGREE ATTENDING PHYSICIAN	, to <u>Septem</u> death occurred on the o	ber 30 date and ho	22c. DATE	that XII (we) last causes stated
22.0	BURIAL, CREMATION, R	+ AM	23b. DATE	122, 1	NAME OF C	22e ADDRESS c/o Marylan EMETERY OF CREMATORY	d General 1	Hospi	tal	
	(SPECIFY) Burial		10/5	5/87 C	edar H	Hill Cemetery	CITY OR TOWN	Arı	COUNTY UNDER STRAR'S SIGNAT	Co Md
Wm	MAME	F/H We	est 43	00 Wabash	Aven	ue 00	T 02 1987	Julia	Dunder	andres

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0 6-6-5 9-3- SEP 24 87 ATE REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20 DATE OF DEATH 26 HOUR TYPE OR PRINTS 9 - 20 - 19876 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 5. DATE OF BIRTH White 5-30-1926 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore, Md. Baltimore City U.S.A. DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore Mercy Hospital lower Dept. Stor WAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 11/36 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore Md. Cockeysville 6 B Lakeridge Place NOX 21030 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST MIDDLE MIDDLE FIRST Steve Mistretta Ida Mortellaro 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 6B Lakeridge Place 220-12-7648 Michael J. Beninati Cockeysville MD BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN STATE AT HOME STREET FACTORY, OFFICE FARM, ETC) NOT WHILE 22s.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on above, (I) (we) (did) for not) view the body after death and that in Implicant) opinion death occurred on the date and hour and from the causes stated DEGREE 226. SIGNATURE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LITYPE OF PRINT 22e ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 238 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) Burial 9-24-87 Dulaney Valley Memorial Park Cockeveville MD

DHMH - 16 60M 7/84 (VRA 15, 4)

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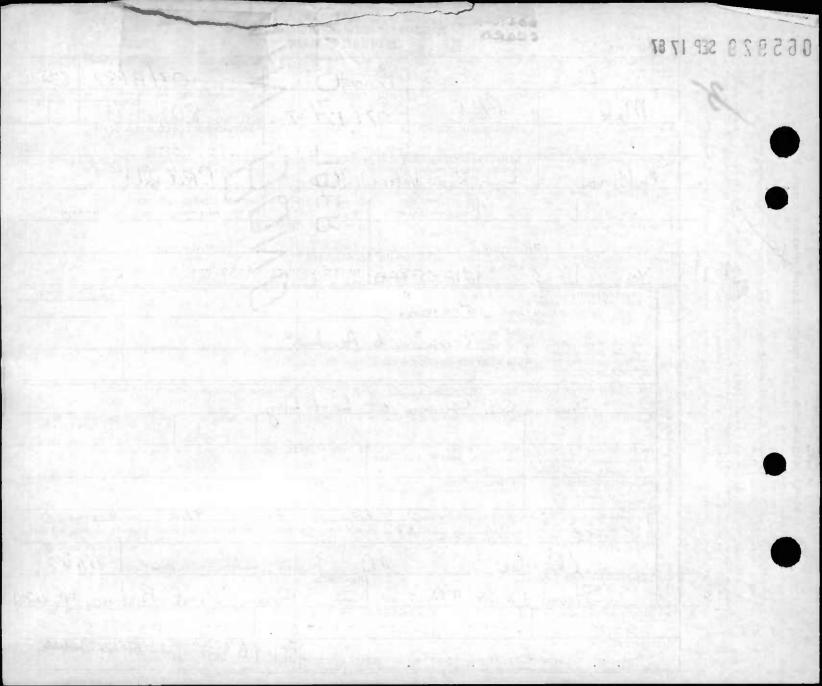
24 FUNERAL DIRECTOR

John C. Miller, Inc.-6415 Belair Road-21206

WM. C. MARCH F/H INC. 1101 E. NORTH AVENUE

DHMH - 16 60M 7/84

(VRA 15, 4)



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I. DECEASED NAME

3. SEX

FIRST

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4. RACE

MIDDLE

STATE OF MADVIAND

5. DA

JIMIE OI MAKIEMND	34	1
DEPARTMENT OF HEALTH AND MENTAL	HYPENE	8
CERTIFICATE OF DEATH		

TIFICATE OF DEATH	REG. N	10.			1	
Bennett	20. DATE OF DEATH	MONTH 9	DAY	VEAR	26 HOL	3.P
TE OF BIRTH	6. AGE (IN YEARS) AST B	RTHDAY)	MONTHS	P 1 YEAR DAYS	IF UNDER	AIN.
RRIED NEVER MARRIED DOWNED DIVORCED	BALTIMORE CITY	OR COUN	C +	ATH		М
ME OF OTHER INSTITUTION	120 LISHAL OCCUPAT	ION	126	KINDO	E DITCINI	200 DE

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1	1	Ferral &	2	Wh	ite		0-17-10	V	6 YRS.	DATE OF THE PROPERTY OF THE PR	Mile.
1	10, BII	RTHPLACE (STATEOR	FOREIGN 7b	CITIZEN OF V	SA COUNTR	Y? 8 MARRIE WIDOW8	D NEVER MARRIED DIVORCED	1 1 1	CITY OR COUNT	Y OF DEATH	MD
	. (2 Hunos	2	FROM CC	FACIL V. GIVE STR	EET ADDRESS]	Hapita (WPATION MOST OF WORKING L		OF BUSINESS OR
7	YNS.	laylord	13H COUNTY		130 CITY OR TO		13d. INSIDE CITY LIMITS?	130 STREET APO	RESS / ZIP COD	ed di	222
1		THER'S NAME FIRST	MIDE	Com	boular		15 MOTHER'S MAIDEN NA	AME	DDIE		AST
7		AS DECEASED EVER	(IF YES, GIVE WA		ala32		George P. Ber	nne H 20	ADDRESS 000 OI Q	11 Are	1
	NO	Conditions, if any gave rise to im- cause (a), static underlying cause PART 2 OTHER SIG	mediate ng the last.	(b) DUE TO, OR	AS A CONSEC	fastaf DUENCE OF	NOT RELATED TO THE TERM	Cance MINAL DISEASE OR	R CONDITION GI	VEN IN PART 1	lo .
7	CERTIFICATION	190. DATE OF OPERA	TION	196 CONDIT	ION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERT	S, WERE FIND FYING CAUSE ES	
1		210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEATH	21b. TIME OF HOUR A.M P.M	A. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	21d INJURY OCCUR	HILE		ET, FACTORY, OFFIC		21f. LOCATION STREET	CII	Y OR TOWN	COUNTY	STATE
1	Ü	220.1 certify that (1) saw the deceas	ed alive an	91718	7 19		nd that in (my) (our) apinian	death occurred an			
		22b. SIGNATURE	Ala	mall	~			MEDICAL DIRECTOR F	STAFF	22c. DATI	E SIGNED
П		274 PHYSICIAN'S N	AME ITHE CHIMI	NI	1.1		22e ADDRESS				

BURIAL CHEMATION, REMOVAL 211-87

231 NAME OF CEMETERY OR CREMATORY Come lon

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR 1211 Chagaca vech

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH DAY 25 HOUR (TYPE OR PRINT) NGELA 4 RACE 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH Female White November 6 1925 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED COUNTRY Baltimore City Maryland U.S.A. WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s LISUAL OCCUPATION 126 KIND OF BUSINESS OR Mercy Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Housewife Home Maker USUAL RESIDENCE (IF NURSING HIME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 134. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Riviera Bch 228 Carroll Road 21122 Maryland A.A. YES [NOXX MATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST R. Della J. Keaveney James Gannon ADDRESS 160 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Vincent Same as 13e Bennett 217-20-2494 APPROXIMATE INTERVAL BETWEEN OFISET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (g PART I. DEATH WAS CAUSED BY thall. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate tol, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO F 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFEITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE STREET (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body after death , and that in (my) (our) apinion death accurred on the date and hour and from the couses stated M. SIGNATURE DEGREE 22C WATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 9/26/87 Baltimore New Cathedral Cemetery Burial the less now the

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Mgwy Balto Md BY REGISTRAR NO REGISTRAR'S ST

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the death certificate be executed within 24 hours after with Page 4 may be the attending physician and completely tight in by the hymbol director, page 3 minove collaborations. Page 3 staglid be field within 7 hours after death

TO FUNERAL DIRECTOR.
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with the State Dept of the
MADRITANT, if hem 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGENE
CERTIFICATE OF DEATH

6 7

10	REGISTRAR			CERTIF	ICATE OF DEA	CI II	REG. N	0 1		
	ECEASED NAME	FIRST	MIDDLE		LAST				DAY YEAR	2b. HOUR
L	PE OR PRINT)	WILLIAM	Ε.		HOFF, Sr			9 1	87	5:44 p 1
1.5		4. RACI		5 DATE C		YEAR	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	HOURS MIN.
1	Male		White	5-	27-1904	TEAR	83	YRS	DATS	MING.
74	COUNTRY)	FOREIGN 7b. CITI	ZEN OF WHAT COL	UNTRY? 8	NEVER MAR	PIED T	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
1	Pa.		U.S.A.	WIDOWE	DI DIVO	RCED	BALTIMO		Y	WE
10	CITY OR TOWN OF DE		AME OF HOSPITAL,		OR OTHER INSTITU	MOITI	12a USUAL OCCUPAT			F BUSINESS OR
	BALTIMORE		NION MEMOR		ITAL	2	Ret. Chauf	feur		Chain
	UAL RESIDENCE HE NURS	ING HOME OF OTHER IN	ISTITUTION GIVE RESIDEN		1134 INSIDE CITY	LIMITS?	13e STREET ADDRESS	7 7 P CODE		
2	Md.		particular and the same of the	lto.		0 🗍	3111 Cle		Ave.	21234
14.1	FATHER'S NAME	WIDDLE		AST	15. MOTHER'S M					
	Franklin	A.		whoff	Sallie		A.	C	onlev	
160	WAS DECEASED EVER	IN U.S. ARMED FO		AL SECURITY NO.	17 INFORMANT		ADDRI	SS		
	NS NO OR UNKNOWN)	(IF TES, GIVE WAR OR	217-0)5-4790	I. Alma	Benny	hoff, Same	as 13	e	
	18 CAUSE OF DEAT	H (Enter anly one c	ause per line lar (a)	, (b), and ic					BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	MAS CAUSED BY:	SE (O) CARDI	AC FAIL	uce					Z hrs.
		DL	JE TO, OR AS A COM	NSEQUENCE OF	E POR					
	Conditions, if any	, which	1b) SEP			0.00			20	4 hrs
	gave rise to imi		JE TO, OR AS A COM	NSEQUENCE OF					100	
	underlying cause		10 7 SC1		BOWEL	(2			72	- pre
-	PART 2 OTHER SIGN	VIFICANT CONDIT	IONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART I	
_ ê			NON	-			1			
O A	190 DATE OF OPERA		CONDITION FOR			ED	20a AUTOPSY?	206 IF YES	, WERE FINDIN YING CAUSES	OF DEATH?
CERTIFICATION	8-31-8	`		ie Bowi			YES NOW	YES	S 🔲	NO 🗌
	OR CONTRIBUTING		OUR A.M. MON	TH DAY YEAR	21c HOW INJUR	RY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART OR PART 2)	
13	(IF EITHER NOTIFY MEDI	CAUSE OF DEATH	P.M.	19	Marie Control	1.30				
MEDICAL	21d INJURY OCCUR	LAT	PLACE OF INJURY		211 LOCATION		CITY OR TO	WN	COUNTY	STATE
1	AT WORK NOT WE	TILE								
	22a I certify that (1)			110111	7-26	19 87		1	9 67	that (1) we last
	saw the decease abave, (1) (we)(c	ad alive on did (did nat) view t	9 - 1 the bady after death	19 <u>87</u> , ar	nd that in (my) Qu	popinian o	death accurred an the d	ate and have	and from the	causes stated
	22h SIGNATURE				DEGREE				220 DATE	SIGNED
	Sunt	0 3	mile	<i>P</i>	PHY	SICIAN [MEDICAL STA		9/11	87
	224 PHYSICIAN'S NA	AME (TYPE OR PRINT	1	V	22e ADDRESS				565	
	BRENT C.	BIRELY,	M.D.		UNION	MEMOR	IAL HOSPITA	L		
23a.	BURIAL, CREMATION,			23c. NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION		COUNTY	(111)
	Burial	9	9-5-87	Govans	Presbyt	erian	Balto.,	Md.	COUNTY	STATE
24	FUNERAL DIRECTOR			DDBESS			REC'D. BY REGISTRAR		RAR'S SIGNATI	URE
1	Leonard J.	Ruck, I	nc.,5305	Harford F	Rd.	SE	P3 1987	Inia Di	widon Pa	udall

minute motions . Tell Der est calebrate title 1 3 Section . and the state of the second of

65	875	SEP 16	87_	FOR STATE REGISTRAR	DEPA	RTMENT OF	E OF MARYLAND TEALTH AND MEN TICATE OF DEA	ITAL ATGI	ENE REG. NO	5	e d	1 9	
)				CEASED NAME FIRST	MIDDLE		LAST			HINOM	DAY	YEAR	26 HOUR
	be 3	toth	TYPE	George	w.	B	eRIIN	_	(9	11	87	5:45 FM
7	ž a	6	3. SE)		4 RACE	S. DATE			6. AGE IN YEARS LAST BIR	THDAY)	IF UNDE	R) YEAR	IF UNDER 24 HRS.
	ge 4	tho sr	/	MALE	White	MONT O-		1912	75	YRS.	MONTHS	DAYS	HOURS MIN
	Poor			RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	D NEVER MAR	DIED [BALTIMORE CITY O	R COUNT	Y OF DE	ATH	
	0 61	0/1/		4. s. A	U.SA.	WIDOW			BALTIMORE	CITY	7		MD
1/		1/3/7	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITU	TION	12a USUAL OCCUPATI	ÓN	12b	KIND OF	F BUSINESS OR
63) ° >	190	15	Altimore	ST. AGNES H				ENGINEER	1 VIORA 1140 1			LLARY
212	hour	0 1277	USUA 13e S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE B	FORE ADMISSION)	113d INSIDE CITY	LIMITS?	13e. STREET ADDRESS				
S	24 filled	PRO		MA (/)	IMORE LANSDO		1			ROAL	212	227	
KAT V	at hin	2 % S	14, FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S M.		MIDDLE			ŁAST	
MAR		OX X	CEX	ORGE W. BERLIN.	SR.		BRID		CLARK			(A31	
	ecute d co	() ()	16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT		ADDRE	SS			
WO	0 0	A E	NO	res. NO OR UNKNOWN) 1 IF YES, GIV	/E WAR OR DATES}	-2126	MRS. JO	AN RUS	SHING 1114	ELM	ROAL	212	227
ALT	ote b	ol.		18 CAUSE OF DEATH (Enter on	nly one cause per line for (o), (b	, and (c),						APPROXIM	MATE INTERVAL
	高 學	mov		PART I. DEATH WAS CAUSE	TE CAUSE (o) CAR	DIAC	Arr	CST					
N S	a d	5 7 5			DUE TO, OR AS A CONSE	QUENCE OF	. 0	, ,					
ESTO		hon, oum		Conditions, if ony, which		Ardir	IIV	TAN	CTION				
Ø.	å å	emo er fr		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF							
*	thot			underlying couse last.	(c)		20						
	es es	25	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BU	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION G	VEN IN I	PART 110	
0	» y	The Drie	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORM	ED	20a AUTOPSY?				IGS USED OF DEATH?
11 88	he lo	ows ws	TIFE						YES NO		ES 🗍	LAUSES (NO [
ATI/	ysic. H	Hyga Sh	CER	21a. ACCIDENT WAS UNDERLYING		DAY YEAR	21c HOW INJUR	RY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM TE	PART TOR	PART 2}	
9	CIAI Ph		AL	OR CONTRIBUTING CAUSE OF DEA	AIII	DAT TEAK							
O	HYS Iding		MEDICAL	214. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION		CITY OF TO	WN	(0)	UNIY	STATE
NIS	Offer of	s the	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFF	KE, PARM, ETC.	3.460		,				
۵	A P	eoliti mo		22a.1 certify that (I) (this hospi	ital) attended the deceased fro	om 9/4		1987			, 19	7	that (I) (we) lost
	page - harri	of H 21 is		sow the deceased olive on oboves (1) (we) (did) (did no	ot) view the body after death.	9 87.0	nd that in (my) (ou	r) opinion d	leath occurred on the d	ate and ha	ur and I	rom the c	couses stated
	NR A hos	ept. Hem		725 SIGNATURE -	11 //	110	DEGREE	DI DISS			22	DATE	SIGNED
	AL D	detoc ote D		yource.	HELR M	1) (Re	SI deut PHY	SICIAN [MEDICAL STA			7/	11/87
	SPIT d by	TAN	- 3	PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS						-
	O FO	POR POR		Louis A.	SALAS		700	Jou	in CA	Ton	A	ve.	
	5 é 5	53 3		SURIAL, CREMATION, REMOVAL		23c. NAME OF	EMETERY OR CRE	MATORY	23d LOCATION		40		61.15
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may in Nogarial or attending physician. INRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the funetal director. Page shed for use as the burial-transit permit. Then please remove corbanapopers. Pages Thend 2 should be filed within 72 hours ofter debett of Health and Mental Hygiene prior to burial, cremation, or removal. Hem 21 is marked or them 8 shows any injury, or other troumatic event, the medical examiner must		В	ÜRTAL	09/15/87	MEADOW	RIDGE CEN	ÆTERY	BURTON	HONE	HOWA	RD	MD
	DHMH - 16	50M 1/B1	24. FL	JNERAL DIRECTOR	ADDR			25a DATE	REC'D BY REGISTRAR 1 5 1987	356 REG15	IBAR'S	SIGNATI	URE
	(VRA	5, 4)	AM	BROSE EUNERAL I			INC PD	SEI	19 1901	26.00	O LOT GA	ex. Ka	adall
				ONERAL H	OME	WALDER.							

66390 SEP 22	1.	FOR STATE REGISTRAR			CERTIFI	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	星星	REG. NO.	5 4 . 6	1 5
	CTYP	CEASED NAME FIRST		WIDDLE	0	ST	20. DATE OF	DEATH MON	TH DAY YE	AR 26 HOUR
noy be poge 3		FRI	JEST	Lee	1/	PRY	9	16/8	7	144P M
Ter Po	3. SE	X	4. RACE		5. DATE O	F BIRTH YEAR	6. AGE (IN TE	ARS LAST BIRTHDAY		YEAR IF UNDER 24 HRS
1 21/		V ale	Black		Oc		66		YRS	
1 1 19		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	□ NEVER MARRIED □	9 BALTIMOR	E CITY OR CO	DUNTY OF DEAT	н
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Georgia	US		WIDOWE	DIVORCED		hume		MD
100		TY OR TOWN OF DEATH Baltimore City	Mercu	CHENCILITY, GIVE STREET	ADDRESS)	alhmore	LITYPE OF WORK	CCUPATION FOR MOST OF WOR Tructio	RKING LIFE) INDUS N Worke	nd of Business OR STRY Const.
24 hourst be	13a.	AL RESIDENCE (IF NURSING HOM STATE 136 CC		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Baltimon	ADMISSION)	13d INSIDE CITY LIMITS? YES NO		DDRESS / ZIP Nanorde	ene Rd.	,21229
So on or	14. F/	William	MIDDLE	Berry		15. MOTHER'S MAIDEN NA Josephin		MIDDLE C	ornelius	LAST
		VAS DECEASED EVER IN U.S.		16h SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS	N.	Y. 10550
Poge medi		YES, NO OR UNKNOWN) (IF YES	WW II	058-12-8	777	Mrs. Wanda	Binns,	128 E.	4th St	. Mt. Verno
DS, 201 W. PRESTC quires that the deat signed by the atten hen please remove on to burial, cremation, njury, or other froum	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	(b)	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	NIN AL DISEASE	OR CONDITIC	DN GIVEN IN PAI	RT 110
NG PHYSICIAN: The low require of the order o	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOI	PSY? 706	HEYES, WERE FI CERTIFYING CAL YES	INDINGS USED USES OF DEATH? NO
N OF VITA SICIAN: The graphs of the certificate certificate ringl-tronsit from 18 shall have a set of the set		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNATI	URE OF INJURY IN I	TEM 18 PART T OR PAR	If 2)
PHYSIC this cert the burial and Mental and M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, FA	ARM ETC)	21f LOCATION STREET		CITY OR TOWN	COUNT	TY STATE
DIN NDINC		220 I certify that (I) this ha	-/ /11.	1 18-1	8/4/8			16/8	7, 19	, that (I) (we) Ist
ATTER sprito CTO I for of h		sow the deceased five obove, (I) (web(did)) did	not) view the body	y after death.	, an	d that in (my) (our) opinion	death accurred	on the date o	nd hour and from	n the couses stated
OR DIRE		726. SIGNATURE	1.0.1	K-	-	EGREE ATTENDING	-MEDICAL	STAFF		DATE SIGNED
by the by		22d. PHYSICIAN S NAME (T)	1020	1		PHYSICIAN [MEDICAL DIRECTOR [PHYSICIAN	0 19	168+
HOSE FUN bould b		Hyun Jose		n)		Mercy Hospit	al, Bal	himme	e mo	21202
Of Of W	23a	BURIAL, CREMATION, REMOV	AL DATE			METERY OR CREMATORY	23d. LOCAT		COUNTY	CYATE
BP		Burial //	9/21/	/87 Ma	arylan	d Veterans (re County	·
DHMH - 16 60M 7/84	24. 19	emmon-Mitch	Al-Wiede	feld APPISS M	V Pac	lonia RD SF	P 2 1 10		REGISTRAR'S SIC	

389 2 1 887

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE 066991 SEP 29 87 GISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN (TYPE OR PRINT) DEATH MATED PAULINE BERTLING 4 PACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE OF BIRTH 2c. DATE 74 HOUR DAY YEAR LAST BIRTHDAY PRONOUNCED 9-25-870 12:43P Jan 14, 1926 Female White BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City WIDOWED [arvland U.S.A. DIVORCED CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Lincoln Convalement Center Never Worked Baltimore 3a. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland Owings Mills YES -NO T Rosewood State Hospital 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Bertling E. Larkin Augustus Marv 160, WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17. INFORMANT 21234 220-05-3675 Wilton L. Bertling 2713 Proctor Lane 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Drowning complicating mental retardation DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NEWARDED TO THE CH B: PAGE 3 SHOULD BE U E STATE DEPARTMENT O D, 21201 PRIOR TO BUR YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING A OR HOUR A.M. MONTH DAY YEAR subject left unattended while being bathed CONTRIBUTING CAUSE OF DEATH 12:43PM 9-15-87 in Bathtub 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) Brd floor shower rm. 1217 W. Fayette Street WHILE AT WORK Baltimore, Md. ULD BE FORV Autopsy X 220 I certify that I took charge of the remains described above, held an Inspection Accident X death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALFIMORE MA DATE SIGNED 9-26-87 Deputy Chieforal EXAMINER SIGNATURE. EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn Street 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 9-29-87 Glen Haven Glen Burnie Maryland 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 17 Leonard J. Ruck, Inc. Baltimore, Maryland (VR A15 ME (5))

is the state to the state of th STEEL ST Complete the March of the March Elig Propios Market 12.2 the first will mivel in 12. 12-02-5

See 1 1 198 88 93 conferent per billion com process. 3 todago.

25 DEPARTMENT OF HEALTH AND MENTAL HYBIENE REG: NO. 20 DATE OF DEATH MONTH 2b HOUR 9/24/87 NKNOWN M 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR IF UNDER 24 HRS NEWBORN 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 126 KIND OF BUSINESS OR 17a USUAL OCCUPATION N/A/ 13e STREET ADDRESS 2936 W. NORTH AVENUE BETHEA ADDRESS SAME AS # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OF TOWN COUNTY

and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated THE DATE SIGNED

STATE OF MARYLAND

CERTIFICATE OF DEATH

STAFF DIRECTOR PHYSICIAN

BALTIMORE_MD

BALTIMORE

MARYLAND

- STATE

REGISTRAR

LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES P.ADC 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228

DHMH - 16 50M 1/81 (VRA 15, 4)

189 3 L T30

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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J		FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYGII	ent .	254	4 8
4		EASED NAME FIRST	MIDDLE		AST	REG. NO 20. DATE OF DEATH	MONTH DAY YEAR	In the training
1		OR PRINT)	T)		(83)	20. DATE OF DEATH	MONTH DAT TEAM	26 HOUR
1		LEE	KUSSELL	BE	THEA	SEPTER	1BER 7 148	7 9 TAM
1	1 SEX	4	RACE	5 DATE C	OF BIRTH	AGE (IN YEARS LAST BIR		
-1		4	Alma	MONTH		genera	MONTHS! DAY	S HOURS MIN.
ı	1	VIALE	IVEGRO	4.	-10 -37	50	YRS	
И			CITIZEN OF WHAT COUNTRY?	8.		BALTIMORE CITY O	R COUNTY OF DEATH	
4	1	OUNTRY)	10.00		D NEVER MARRIED	Rain	M -	
4		DITIMO US 19/10	CL1224	WIDOWE		WAYNINI	SEE CLE	MD.
Α	D CI	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		OF BUSINESS OR
7	_		HON SECOURS	Ho	TSP	RETIRE		
4	Ile S	I RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION GIVE RESIDENCE BEFORE A	ADMISSION)	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	
2	N	ARYLAND	BALTU		YES NO 1		MONSONS A	11/5/21722
4	IL FA	THERSNAME		_	15 MOTHER'S MAIDEN NAM		NONDE TO	02 0 1420
1)	lamis E. T	BATHEA LAST		FIRST	TGOMER	FU	LAST
7	16a W	AS DECEASED EVER IN U.S. ARME		ITY NO	17 INFORMANT	ADDRE	SS	
1		ES, NO OR UNKNOWN) (IF YES, GIVE W		-				21216
J		No	112 262	296	MRSCORPINE NO	NTGOMERETY	1901 N. BON	TALOY ST
1		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and	101.3			APPR	OXIMATE INTERVAL
-1		PART I DEATH WAS CAUSED	BY		CARCINICA		OCIME	NONSET AND DEATH
-1		IMMEDIATE	CAUSE (O) SMALL	CELL	. CARCINOM	a Cy Lu	11/6	
-1	_	Day of Street	DUE TO, OR AS A CONSEQUEN	NCE OF		6		
-1		Conditions, if any, which	1				- 100	
- 1		gove rise to immediate	(b)					
-1		couse (a), stating the	DUE TO, OR AS A CONSEQUEN	NCE OF				
-1		underlying couse lost.	((c)					
-1		PART 2. OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO D	FATH BUT	NOT BELATED TO THE TERMIN	VALDISEASE OF CONI	DITION CIVEN IN PART	liei
1	CERTIFICATION		NOTICE CONTINUED IN COLUMN	EATH OUT	NOT RECALLS TO THE TERMS	TAL DISCASE ON CONT	DITION GIVEN IN I AKI	110
1	AT	19g DATE OF OPERATION	196. CONDITION FOR WHICH O	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	206. IF YES, WERE FIN	DINGS USED
Λ	분						IN CERTIFYING CAUS	
21	E					YES NO NO	YES	NO 🗌
\neg	8	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM TE PART I OR PART T	71
		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR				
1	3	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
- 1	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		21f LOCATION	CITY OR TO	wn COUNTY	STATE
- 1	8	WHILE NOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE, FA	KW EIC]	37860			
- 1				81	7 60	0/8	0.00	
- 1		22a I certify that the (this haspital		0/1	19.87	_, to	19	, that de (we) lost
-1		sow the deceased alive on obove, (H) (we) (did) (did not)			nd that in (my) (our) opinion de	eoth accurred on the do	ote and hour and from t	he couses stated
- 1		276 SIGNATURE	new the body difer death.		DEGREE		122. DA	TE SIGNED
- 1		0-9	0		A ATTENDING	MEDICAL STAF	1	7/00
П		Smile	7 00	N	PHYSICIAN P	DIRECTOR PHYSIC	IAN J	1/3/
П		22d PHYSICIAN'S NAME (TYPE OR PI	17415		22e ADDRESS			
1		7.	- 1		Park Cha		1/1-	,
+	22. 0	Homas	S. MILLER		BON SEC		405P1778	
	230. B	urial, cremation, removal		7	EMETERY OR CREMATORY	234 LOCATION	VI COUNTY	STATE
-		BURIAL	9-11-81 M	RBU7	US MEM PK	DANTO	Co, NO	
	24. FU	ENERAL DIRECTOR			QE DAK	REC'D BY REGISTRAR	256 REGISTRAR'S SIGN	ATURE
	. 1	ACKAN 1 Pun	2212 C. SADDRESS A	0-	DELY SETU	9 1987 July	Devidon-Man	WILL .
ı	W	DOMENT ALL MUSS	6300 47140	THE PARTY	14424			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR shauld be detoched to with the State Dept. of MPCRTANT, If Ihrm 2

SEP 0 9 1987

1. DECEASED NAME

(TYPE OR PRINT)

3. SEX

REGISTRAR

Female

FIRST

HELEN

4. RACE W

CTATE OF MADVIAND

LAST

BEVILLE

5. DATE OF BIRTH

MONTH 12

MIDDLE

MAE

STATE OF M	AKILANU
DEPARTMENT OF HEALTH	AND MENTAL HYGIEN
CERTIFICATI	E OF DEATH

	dies	3	ar and	and
REG. NO).	ul.		

08

IF UNDER 1 YEAR

87

MONTH

09

20. DATE OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY)

26 HOUR

IF UNDER 24 HRS.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0	e de
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	TO MOSPITAL OR ATTENDING PHYSICIAN: The loretoined by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the furthal director. page 3 should be detached for use as the buriol-transity permit Then please remove corbonoppers. Pages, fland 2 should be filled within 72 hours offer death with the State Day of Health and Americal Washen principles to the month of the property of Health and Americal Washen principles to the month of the property of Health and Americal Washen principles.
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	AL	Al
	PH	JER ST
	OS	5 P
	HOL	0 5
	IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician:	- 5 3

	1	Female	W		12	°ÔĽ4	1912	74	YRS	MONTHS DAT	5 HOURS	MIN.
5		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF V	WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER A	MARRIED	Balto. Ci		OF DEATH		MD
40		ITY OR TOWN OF DEATH Balto.	St. A	OSPITAL, NURSIN H FACILITY, GIVE STREET Lignes Hos	pital	R OTHER INS	TITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewi	OF WORKING LIFE			ESS OR
35		AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL		Balto.		13d. INSIDE C	ITY LIMITS?	13. STREET ADDRESS 4535 Pen I	ZIP CODE	1. 2	1229	
200	14. F.A)	ATHER'S NAME FIRST Henry	MIDDLE	Schlosse		15 MOTHER'S	s maiden nam First Helen	MIDDLE		t	Bund	dt
1		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? (E WAR OR DATES)	212 07 8		17. INFORMA Leona		ADDR Beville 453				
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per D BY: TE CAUSE (0)	line for (0), (b), one Cardia		rest				BETWEE	DAMATE INTE	RVAL D DEATH
	N	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OF	RAS A CONSEQUE O 53470 ONTRIBUTING TO E	ence of	e ja	undice		fiology	EN IN PART	lta	
9	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19			200 AUTOPSY?		, WERE FIND YING CAUSI		TH?	
9	1 N	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.				IJURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	RT I OR PART 2		
	MEDICA	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATIO STREET		CITY OR TO	NWC	COUNTY		STATE
2		220.1 certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no		19		d that in (my)	(aur) opinion o	, to death occurred on the d		ond from th		
Z		226. SIGNATURE	hus	1: 193			ATTENDING PHYSICIAN [MEDICAL STA DIRECTOR PHYSIC		221 DAT	8/8	7
		226. PHYSICIAN'S NAME (TYPE OF	huli	Ne.		22e ADDRES		es Hospital	/			
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b DATE 9/10/		oudon		crematory emetery	23d LOCATION CITY OF TOWN Baltimore	e	COUNTY	arylaı	nd
/84		UNERAL DIRECTOR NAME Hubbard Funeral	Home, I	nc. 4107		1229 ns Ave	CEI	1 0 1987	WASH REGISTE	AR'S SIGN	TURE	

DHMH - 16 60 (VRA 15, 4)

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SEP 1 0 1987 July 7887 0 1 938

STATE OF MARYLAND

	6 G COR TATE REGISTRAR	DEPART		ICATE OF DEATH	REG. NO.	* 5 6
	1. DECEASED NAME FIRST (TYPE OR PRINT) James	MIDDLE F.	Biebl	Sr.	September 13,	1987 26 HOUR 3
	3. SEX Male	4 RACE White	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS.
2	Maryland	76. CITIZEN OF WHAT COUNTRY	2 8	DE NEVER MARRIED	Baltimore Ci	
1	Baltimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Garden Village	T ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Ret. Mgr. Lord	126 KIND OF BUSINESS OR INDUSTRY Balt. Laundry
0	USUAL RESIDENCE (IF NURSING DAME (130 STATE 134 COL Maryland al		WN	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE 1619 Weyburn H	Rd. 21237
1	FATHER'S NAME FREST Ignatius	MIDDLE LAST Bieb.	1	15 MOTHER'S MAIDEN N FIRST Barba	MIDDLE	Vobelast
2		ARMED FORCES? DIVE WAR OR DATES) I Army 214-03-1		Margaret H	Biebl 1619 Weybu	ırn Rd. 21237
	PART I. DEATH WAS CAUS	only one couse per line for (o), (b), o SED BY. ATE CAUSE (o)	and ici.	to Cardiac	anus	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A CONSEQU	1-	Eremin Compo	Time Heart Film	week
	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A COMSEQU	ENCE OF	1.60		

	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE	BY.	and co. Bento Cardia	anus	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A CONSEC	DUENCE POR	mystin Henri &	Film wich
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A COMSEC	tensselveti lande	viscular Dis	yan yan
NOI	Multiple Strange	PLE : NEW	FO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110
TIFICAT	19a. DATE OF OPERATION		CH OPERATION WAS PERFORMED	YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY	OCCURRED (ENTER NATURE OF INJU	RY IN ITEM IB PART I OR PART 2)

71a. ACCIDENT WAS UNDERLYING 216, TIME OF INJURY HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)

21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

211 LOCATION CITY OR TOWN

COUNTY STATE

sow the deceased alive on obove. (1) (wa) (did not) view the body after death.

DEGREE mo.

22¢ DATE SIGNED STAFF ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Burial

22e. ADDRESS

9/14/87

Bradley, M.D. 230. BURIAL, CREMATION, REMOVAL

23t. NAME OF CEMETERY OR CREMATORY Gardens of Faith

Baltimore

and that in (my) (a) opinion death occurred on the date and hour and from the causes stated

Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

ould be detoched for use os the buriol-tronsit permit. Then pleose remove corbonpope ith the State Dept. of Heolth and Mental Hygiene prior to burial, cremation, or removal

show

MEDICAL

MPORTANT: If Item 21 is morked or Item 18

After this certificate has

OR ATTENDING

O HOSPITAL

n signed by t

or other troumotic event,

24 FUNERAL DIRECTOR

(SPECIFY)

22b. SIGNATA

Leonard J. Ruck, Inc. 5305 Harford Road 21214

1987

Sep 17

250. DATE REC'D. BY REGISTRAR'S SIGNATURE SEP 15 1987 Julia Deridon Par

4900 Belair Road

Serbence I, 1907 T. &		torte	
en e	1902	naive Aug	Bin.
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Locary J. Cont. Tot. 5707 Martary Const. SEP 1.8 DEX 115 - Martary Selection

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 221 DATE SIGNED 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY CITY OF TOWN Sept.12.1987Sacred Heart of Jesus Dundalk Burial 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE Walter Brooks Bradley, Inc. Dundalk, Md. 21222

STATE OF MARYLAND

26 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DHMH - 16 60M 7/B4 (VRA 15, 4)

called the Control of the Control of

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

254 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

						ICAIL OF DEAL			REG. NO				
	DECEASED NAME	FIRST		MIDDLE	E/	AST .	20	DATE OF		MONTH	DAY	YEAR	26 HOUR
L	YPE OR PRINT)	Samuel	D	uncan _I	BLACK			SEPT.	14,	1987			5:03 ^A
3. 5	Male	4.	RACE Wh	ite	5. DATE O	DAY	YEAR	AGE (IN YE	ARS LAST BIR	THDAY)	IF UNDER	DATS	HOURS MI
70	BIRTHPLACE (STATE O	R FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARR	IED '	BALTIMOR BALTII		-	Y OF DE	ATH	
11/	CITY OR TOWN OF DE BALTIMORE	ATH 11	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET HNS HOPK	ADDRESS)	SPITAL	(1	USUAL O	FOR MOST O	E WORKING	HEEL INDI	ISTRY	Produ
130	SUAL RESIDENCE (# NU STATE	Baltir	Y	GIVE RESIDENCE BEFORE	'N	136 INSIDE CITY LI	IMITS? 13	e STREET A				210 /ndo	071 on, Md.
30	Samuel	Mil	Dune	can Bla	ick	15. MOTHER'S MA	IDEN NAME		MIDDLE	Say.	R	Ridge	ely
160	WAS DECEASED EVE		ED FORCES?	166 SOCIAL SECL	JRITY NO.	17 INFORMANT			ADDRE	55			
1	No	-		212-10-	9842	Mrs. Ce	leste	B. BI	ack,	1050			Will Re
	PART I. DEATH	TH (Enter only	one couse per	line for (a), (b), an	d (c).1	}			21	053			NATE INTERVAL NSET AND DEA
FICATION		ENIFICANT CO	lynapho	cytic teck	emia	NOT RELATED TO THE	ure K	to AUTO	Achi	20b. IF YE	ES, WERE	FINDING	GS USED OF DEATH?
DICAL CERTIFICATION	PART 2 OTHER SIG	ENIFICANT CO C U VO W. Ce ATION NDERLYING [] CAUSE OF DEATH DICAL EXAMINER)	196 COND 196 COND 216 TIME O HOUR A. P. 21e PLACE	cyte teck ITION FOR WHICH DE INJURY M. MONTH D. M. OF INJURY	OPERATION AY YEAR	NWAS PERFORME	ure R	Patic To AUTO	NO URE OF INJU	20b. IF YE IN CERT Y	ES, WERE IFYING C (ES	FINDING AUSES C	GS USED OF DEATH? NO
MEDICAL CERTIFICATION	PART 2 OTHER SIG	SNIFICANT CO	196 COND 196 COND 216 TIME C HOUR A. P. 210 PLACE (AT HOME STI	CYTE PELK ITION FOR WHICH DE INJURY M. MONTH D. M. OF INJURY REEL FACTORY OFFICE.	OPERATION AY YEAR	revel feil N WAS PERFORMED 21c. HOW INJURY	ure R	Patic To AUTO	NO[20b. IF YE IN CERT Y	ES, WERE IFYING C	FINDING AUSES C	GS USED DF DEATH? NO []
F	PART 2 OTHER SIG	SNIFICANT CO	19b. COND 19b. COND 21b TIME C HOUR A. 21e PLACE (AT HOME STI	CYTE PEUK ITION FOR WHICH DE INJURY M. MONTH D. M. OF INJURY REEI, FACTORY OFFICE, IE deceosed from	OPERATION AY YEAR 19 FARM. ETC.)	reval fail N WAS PERFORME 211. HOW INJURY 211. LOCATION STREET	ure R	Patie AUTO	NO URE OF INJUI	20b. IF YE IN CERT Y RY IN ITEM TB	ES, WERE IFYING C YES PART I ORP COU	FINDING AUSES (GS USED DF DEATH? NO STATE
F	PART 2 OTHER SIG	ENIFICANT CO CLUDIC CANTON NDERLYING [] CAUSE OF DEATH DICAL EXAMINER) RRED HILLIAN HOSPITO SEE CHILLIAN (did) did not) PELLEULU	196 COND 196 COND 216 TIME C HOUR A. P. 21e PLACE (AT HOME STI	CYTE PEUK ITION FOR WHICH DE INJURY M. MONTH D. M. OF INJURY REEL, FACTORY OFFICE, I De deceosed from 19 ofter death.	AY YEAR 19 FARM. ETC.)	211. HOW INJURY 211. LOCATION SIREET 214 HOW INJURY 215 LOCATION SIREET ACTION DEGREE ATTEN PHYS	OCCURRED	YES to	PSY? NO CITY OR TO CITY OR TO STAIL PHYSIC	20b IF YOU IN CERT Y IN CERT Y WN ofe and ha	ES, WERE IFYING C (ES	FINDING AUSES C ART 2) PART 2) The complete co	GS USED DF DEATH? NO STATE state state douses stated digned

Lowell Lemmon, 10 W. Padonia Rd.

DHMH - 16 60M 7/84

DIVISION OF VITAL RECORDS 201 W

(VRA 15, 4)

DHMH - 17

WM. C. MARCH F/H INCES 1101 E. NORTH AVENUE (VR A15 ME (5))

24. FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

SEP 1 6 1987 Julia Dandon

286 - COLLON FIRES

dan a baw

12 18 10 1

STATE OF MARYLAND

25 455

4	۲, ۰	REGISTRAR				CERTI	ICAIL OI D	LATIII.	REG. N	0.		
		CEASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
	(TABE	OR PRINT)	AMI	E VI	RGINIA		BLUM		SEPTEMBE	R 20,	1987	8:00P _M
	3. SEX	X		4. RACE		S. DATE C		YEAR	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female		Whit	e	Augu		1896	91	YRS.	ONTAS DATS	HOURS MIN.
5	7a. Bil	RTHPLACE (STATE OR FO	REIGN	76. CITIZEN OF	WHAT COUNTRY?	B. MARRIEI	D NEVER M	ARRIED 🗆	9 BALTIMORE CITY	R COUNTY	OF DEATH	
5		Virginia		U.S.		WIDOWE	DIV	ORCED [Baltimor		У,	MD.
	10. CI	ITY OR TOWN OF DEAT	Н		HOSPITAL, NURSIN		R OTHER INST	TUTION	120 USUAL OCCUPAT			OF BUSINESS OR
1		Baltimor			uilford		. 2121	88	Seamstre	SS.		thing
	130 5	at residence (F NURSIN STATE	3b COUN	11A-monage	Baltimo	N	13d. INSIDE CI	TY LIMITS?	13. STREET ADDRESS 3022 Gui	ZIP CODE lford	Ave.	21218
X	14 FA	ATHER'S NAME FIRST		WIDDLE	LAST		15. Mother's Marg	IR51	ME MIDDLE V •		Kir	
1		VAS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMAN	VT .	ADDRI	SS	2:	1236
1		No			218-07-	1088	Dona1	d F. 1	Posey9007	Perr	yvale	Rd.
100	CERTIFICATION	underlying cause PART 2 OTHER SIGNI 19a. DATE OF OPERATION		(c)	DNTRIBUTING TO D	EATH BUT			IN AL DISEASE OR CON	20b. IF YES,	WERE FINDIN	NGS USED
Д	RTI	210. ACCIDENT WAS UNDE	NIVING F	1 21b. TIME O	F IN LUIDY		Tab. HOW IN	LIBY OCCUPE	YES NO	1		NO 🗌
1	MEDICAL CI	OR CONTRIBUTING CA	USE OF DEA	HOUR A.	M. MONTH DA M.	Y YEAR	211. LOCATIO		RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)	
	ME	WHILE NOT WHILE		{AT HOME, STR	REET, FACTORY, OFFICE, FA	ARM ETC)	STREET	-	CITY OR TO	WN	COUNTY COUNTY	STATE
		22e.1 certify that (1) (1) saw the deceased above, (1) (we) (do	his hospi alive on bidid no	to attended the	deceased from			our) opinion o	death occurred on the d	ote and hour		that (I) (we) lost couses stated
		Mu-	3	Par	uns	1		ITENDING HYSICIAN	MEDICAL STA		22c. DATE	SIGNED 24687
		22d. PHYSICIAN'S NAM					22e ADDRESS			465 5	0.50	
		William							0.0.2	467-7	053	
	(BURIAL, CREMATION, RI	EMOVĀL	SEPT. 2		RELA	EMETERY OR C	. PAR	DALITM			ARYLAND
_ 1		UNERAL DIRECTOR	TOIT	ICON OF	21 LÖCH	D 7 17	DN DIV		E REC'D. BY REGISTRAR	25h REGISTE	A SPERMAN	Character
ŀ	MI	LLIAM E.	UUHI	APON 82	121 LUCH	KAV	EN BLV	DI DE	L 97 1901			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending paying should be detached for use as the burial-transit permit. Then please remove corbackpoorwith the State Dept of Health and Mental Hygiene prior to burial, cremation, or removar MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event

PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physicion.

BP.

72 h 7 SEP 3	1,	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H	Sygiene 2	5 4 5	C
1247 SEP 3	0.8	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0	0 draway
THE STREET		CEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	R 26 HOUR
- D 75	11.00		janie Agnes Boane		9/26/87	, ,	5:40A
40 1	1. SE		RACE	5. DATE OF BIRTH	6. IN YEARS LAST BIR		
- 12 ·		Female	Caucasian	1/13/07 DAY YEAR	80	YRS.	AYS HOURS MIN.
2 11 0		INTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY O	R COUNTY OF DEATH	4
125	1	Maryland	U.S.A.	WIDOWED NEVER MARKIED		orea City	MD
N. Tar	18, C		1. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION 126 KIN	D OF BUSINESS OR
10 30	P.	Baltimore	Johns Hockins Hos		Homeraker	+ WORKING [IFE] INDUST	J K ¥
1000	USU	AL RESIDENCE (IF NURSING HOME OR OF	THER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)		/ 7IB CODE	21225
る競技力	1	ALCOHOL MAN TO THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS O	Arunde rocklyn		5316 Wasena	THE CORE	
1 12015	ury.	ATHER'S NAME		15 MOTHER'S MAIDEN	NAME	3 4 4 4	
* 11/11	U	Herbert C. Sullivan	DDLE LAST	Mary Firm	MIDDLE		LAST
	16a \	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT MIC.	Raymond Bunting	SS	
1 In 1/2	1	YES, NO OR UNKNOWN) [IF YES, GIVE V	VAR OR DATES) 212-22-	0695 5302 Wasena 2		Baltimore Mar	viland 21225
2 30		18 CAUSE OF DEATH (Enter only					PROXIMATE INTERVAL
2001				ulmonery aurest			hinster"
·		IMMEDIATE					
5 7 6		Conditions, if any, which	DUE TO, OR AS A CONSEQU	ence of		1 %	rey
2 2		gave rise to immediate couse (a), stating the	(8)				-
tall according		underlying cause last.	DUE TO, OR AS A CONSEQU			11	ney
C) 200		PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PAR	Lla
BJ AND	Z		YVOID CONCER	Terminal (eve)			
(42.37	18	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	VDINGS USED
1 22 1	1 ≝	1985	becreesen v.	ewel function	YES NO	IN CERTIFYING CAU	ISES OF DEATH?
1	18	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	Total Control	1 2).
34 443 10	14	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D	AY YEAR			
A Merchania	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	IWN COUNTY	Y STATE
Of the p	E	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE,	FARM ETC) STREET	CITA OK LO	WN COUNTY	STATE
N 4 4 6		22a. I certify that (I) (this hospita	I) ottended the deceased from	SCD1 19 19 1	27 to SEPT	36 19 87	, that (I) (we) last
N 1 2 2 1 1		sow the deceased alive an above, (1) (we) (did) (did nat)	2 1 9 mm	87 , and that in (my) (aur) apini	on death accurred an the d	ate and haur and fram	
A PECCO	1	22b. SIGNATURE	view the body ofter death.	DEGREE		22¢ D	ATE SIGNED
0 4 0 50 =		Area Call	Marie	ATTENDING PHYSICIAN	MEDICAL STA	FF S	126/87
E 1 2 2 2 2 7	1	22d. PHYSICIANS NAME (TYPE OR	RINT)		LFE ST BALTO	(1717-12)	20/0/
FUNER by Mid be with Shirt	1	Calligaro		1 0 11 110	DEE ST BALLY		
54 54 8	774	-	236 DATE 23c	NAME OF CEMETERY OR CREMATOR		1101	
00	1.00	(SPECIFY)			CITY OR TOWN	COUNTY	STATE
BP	74 E	Burial UNERAL DIRECTOR Tomina		Mt. Olive U.M. Cemeter	DATE REC'D. BY REGISTRAR	Wn Baltima CO	NATURE
DHMH - 16 60M 7/84	1,	NAME	Byers Funeral Din	eturs, III	EP 2 8 1987	Julia Derider	n. Kandala
(VRA 15, 4)		8728 Liberty Road	Rancalistown Maryl	and ZII33	LI 20 00/	0	

other transfer of

SEP 1 C

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OCT 02 1987

1 -	FOR STATE		T OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	GIENE					
-	REGISTRAR			REG. NO.					
DOG	ASED NAME FIRST	(TIMMIN)	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
	Timo		Bostic	9/3	28/87 952P				
3. SEX		4 RACE 5 I	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
1	nale	Black	11/19/5Z	34 YRS.	MONTHS DAYS HOURS MIN.				
	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	_ ~	9 BALTIMORE CITY OR COUNT	Y OF DEATH				
m	aryland	USIT	DOWED DIVORCED	13altimore	crty M				
10 CII	y or town of DEATH	11. NAME OF HOSPITAL, NURSING H		TYPE OF WORK FOR MOST OF WORKING LIN	126. KIND OF JUSINESS OR INDUSTRY				
#ISUA	VIII	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM	.001.00	110412112 432124C	cody.				
13a. S		HO City Baltumo	134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	AVE 21723				
14. FA	HER'S NAME	ind at i practice in	15. MOTHER'S MAIDEN NA						
R	chard	MIDDLE BOSTIC	Irone	MIDDLE	Rost,				
160 W	AS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY		ADDRESS	005110				
[AI	S NO ORHINKNOWN) (IF YES	GIVE WAR OR DATES)	362 Hospital	Raconals					
		033-10-0		ICECOF43	ADDROVINA VE INDERVA				
	PART I. DEATH WAS CAL	ronly one couse per line for (o), (b), and (c). USED BY: DIATE CAUSE (o) Cardiopul	monary Arre	54	BETWEEN ONSET AND DEATH Sminutes				
	IMMED								
	Cdivision of the state of the	DUE TO, OR AS A CONSEQUENCE			Dans				
	Conditions, if any, which gave rise to immediate	(b) 1 11CW11101	100		Journa				
7.1	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE		5	7 1110				
		(0)	Immunodeficie	4	C 2 202				
-	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	VEN IN PART TO				
CERTIFICATION									
CAT	90 DATE OF OPERATION	196. CONDITION FOR WHICH OPE	RATION WAS PERFORMED	20e AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?				
£					ES \ NO \				
#	21a ACCIDENT WAS UNDERLYING		21E. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)				
	OR CONTRIBUTING CAUSE OF		YEAR						
5	(IF EITHER NOTIFY MEDICAL EXAM		19						
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
	AT WORK AT WORK								
	220.1 certify that (1) this haspital attended the deceased from								
	sow the deceased alive an								
	22b. SIGNATURE	not view the body offer death.	DEGREE		22c. DATE SIGNED				
	Thomas &	ullian ma	ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	9170-187				
	22d PHYSICIAN'S NAME (TY	PE OR PRINT)	22e ADDRESS		11.				
	Thomas S.I	Wilson MD	3900 Lod	n Rawen BlVd	Bal				
23a B	JRIAL, CREMATION, REMOV		E OF CEMETERY OR CREMATORY	23d. LOCATION					
(5	PECIFY)			CITY OR TOWN	COUP				
	Burial	10/3/87 Garir	ison Forest Vet	Owings Mills					

West 4300 Wabash Avenue

DHMH - 16 60M 7/B4 (VRA 15, 4)

Wm. C. March F/H

BP.

A Down to the The second of th East of Mahrien, But I was a war of the street of the stre Black all Var ment Salar Alleren al Shell And the party of the part

00T 02 98V

BP 07/84 DHMH - 17 (VR A15 ME (5))

EXAMINER'S NAME

(TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL 236 DATE 9/16/87 Burial

23c. NAME OF CEMETERY OR CREMATORY Parsons Cemetery

23d LOCATION Salisbury

ADDRESS 111 Penn St., Balto., MD

Wicomico

MAE

George J. Gonce 4001 Rivehie Hgwv Balto Md

Dennis F. Smyth, M.D.

Laborated In the

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25460

R	REGISTRAR CARRIE	M. BOW	EN CERTIF	ICATE OF DEATH	REG. N	10.	
	CEASED NAME FIRST	MI	DDLE	AST	26. DATE OF DEATH	MONTH 9 DAY	17 8 76 HOUR A
	CARRIE	MAR		OWEN	C	9/1/	87 05 33 M
3 SE	X	4. RACE	5. DATE C		6. AGE TIN YEARS LAST BI	MONTH	DER I YEAR OF UNDER 74 HRS
Sec.	FEMALE	WHITE	AUG	UST 11,1906		YRS.	
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	AA A DO IE	NEVER MARRIED	9 BALTIMORE CITY		
_	MARYLAND	U.S.	A . WIDOWE	DIVORCED [MORE C	
100	BALTIMORE		OSPITAL, NURSING HOME C FACHITY GIVE STREET ADDRESS! NES HOSPITA	R OTHER INSTITUTION	120. USUAL OCCUPAT TYPE OF WORK FOR MOST HOUSEWIFE	OF WORKING LIFE)	b. KIND OF BUSINESS OR NDUSTRY HOME
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13) COU		IVE RESIDENCE BEFORE ADMISSION) CATONSVILLE	YES NOX	707 FERN	VALLE	21228 Y CIRCLE
14 FA	THER'S NAME	MIDDLE	LAST	IS. MOTHER'S MAIDEN NAM	ME		TZAL
1	HENRY		FINK	ANNIE			KEMPE
- 1	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES!	166 SOCIAL SECURITY NO. 100-09-6179	D GEORGE	BOWEN GRE	ESTONEY ENLAWN	HOLLOW RD.
	18. CAUSE OF DEATH (Enter of	nly ane cause per li	ine for (a), (b), and (c),)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (0)	RENAL FATL	JAE			nama
			AS A CONSEQUENCE OF				
	Canditians, if any, which	(b)	SEPTICE	n IA			Dary
	gave rise to immediate cause (a), stating the	DUE TO OR	AS A CONSEQUENCE OF				
	underlying cause last.	(6)	MEM MONE	Bring ST Car	WINOM A		Munto
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN	PART I(a)
NO.							
CERTIFICATION	90 DATE OF OPERATION	196. CONDIT	ION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	RE FINDINGS USED CAUSES OF DEATH?	
BITE	710. ACCIDENT WAS UNDERLYING	7 21b. TIME OF	INTUIDV	Tale HOW IN HIRV OCCUPA	YES NO	YES [NO 🗌
	OR CONTRIBUTING CAUSE OF DE		A. MONTH DAY YEAR	21c. HOW INJURY OCCURR	CED (ENTER NATURE OF INJ	JRY IN IIEM IS PART I	OKPARI 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE			NI LOCATION			
MED	214 INJURY OCCURRED	21e. PLACE O (AT HOME, STREE	ET, FACTORY, OFFICE FARM ETC.)	231. LOCATION STREET	CITY OR TO	OWN	COUNTY STATE
	AT WORK AI WORK		1 11	1/0 10 87	9 /	198	
	220.1 certify that (I) (this hosp sow the deceased alive or	. / .	Lucia 10	nd that in (my) (aur) apinian o	death accurred on the c	,	
	obove, (I) (we) (did) (did no	at) view the body o	fter death.	DEGREE	asom accorded on the c		22c. DATE SIGNED
	22b. SIGNATURE			ATTENDING	MEDICAL STA	- 1	G. L.
	Morton	1	DIRECTOR PHYSI	CIAN	7/		
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		220. ADDRESS Than	to Rospital		
	M SMOR	Dan		100 Cator A	he Billy	word 6170	(,
	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		UNTY STATE
_	BURIAL	9/21/		N PARK	BALTIM	ORE	MARYLAND
			WITZKE FUN	ERAL HON'E CAL	P 1 8 1987	256 RIGISTRAR	Corder Pandale
16.	30 EDMONDSON	AVENUE	, CATONSVILL	E, MD. 21228	.1 1 0 150/	0	

TO FUNERAL DIRECTOR shayid be detached for with the State Dept. of IMPORTANT, IF HE

DHMH - 16 50M 1/81 (VRA 15, 4)

066374

STATE OF MARTLAND	O	
DEPARTMENT OF HEALTH AND MENTA	L	HYGIEN
CERTIFICATE OF DEATH	1	

7 4 SEP 22	87	FOR STATE REGISTRAR	DEP		EALTH AND MENTA		461			
وه وه		CEASED NAME OR PRINT!	Lena Lena	Bo	AST OLD	20 DATE OF DEATH	MONTH DAY YEAR 26 HOURS			
Page 4 may be director page 3 hours after death	3 SEX	The second second second second	White S. DATE O MONTH		DAY . S YEA	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN			
erol dire		RIHPLACE (STATE OR FOREIGN)			D NEVER MARRIE	9 BALTIMORE CITY O	7.1.0			
offer de	10 C1	TY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCH ACILITY, GIVE	URSING HOME C			ON 126 KIND OF BUSINESS OR			
24 hours	130. 5	AL RESIDENCE (IF NURSING HOME OR COUNTATE 136 COUNTAINS Balt	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION) R TOWN Stown	13d. INSIDE CITY LIM	ITS? 13. STREET ADDRESS /				
mpletely and 2 sin	1405	Thomas	Bowen LAS	51	15. MOTHER'S MAIDE Eva First	rie Talbort	LAST			
Pages I		VAS DECEASED EVER IN U.S. ARA		0-2229	" Leimin I 4134 Hyder	Bowen ADDRE				
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED			nispilat		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
by the attention or other traumation or other traumation.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF	J. M +	9	9/5/87			
equires the signed. Then plect to burial injury, or	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
an. hos beer t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	ria 1	N WAS PERFORMED	200 AUTOPSY? YES □ NO ☑	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO			
ICIAN. The g physicia profit of the roll-transit into Hygie em 18 share	ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY	H DAY YEAR		OCCURRED (ENTER NATURE OF INJUR	Y IN ITEM TS PART T OR PART 2)			
inG PHYS r attending after this cas the bur lith and Me arked at the carked at the car	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY O	OFFICE FARM ETC)	211 LOCATION STREET	CITY OR FO	VN COUNTY STATE			
TTENDIN pital or TOR: Affar use of far use of Health		270 I certify that (I) (this hospite saw the deceased alive an above, (I) (we) (stid) (did not	~ /		2 C7 , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1	Pinion death occurred on the do	te and hour and from the causes stated			
at OR A the hos at DIREC letoched ite Dept. T: If them		22b. SIGNATURE	Zaucisco	P)	DEGREE ATTEND PHYSIC	ING MEDICAL STAF	FIAND 221. DATE SIGNED			
TO HOSPITAL retained by the TO FUNERAL should be detromined to with the State with the State.		22d. PHYSICIAN'S NAME (TYPE OR		e	libert 4	Mes. Cotte				
BP	23a E	BURIAL, CREMATION, REMOVAL	9-19-1987		EMETERY OR CREMA	TORY 23d LOCATION CITY OF TOWN St Leonar	COUNTY STATE			
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	INERAL DIRECTOR DONALD V	Borgwardt ADD	ORESS	25	SEP 2 1 1987	SS REGISTRAPES SIGNATURE			

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Secondary Section 1. 11. 1

Carlotte Control of the Carlotte Control

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE? CERTIFICATE OF DEATH

25	4	6	2

1 2	DE	CEACED NAME	MIDDLE				REG. IN					
		CEASED NAME FIRST			LAST		20. DATE OF DEATH		DAY YEAR	26. HOUR		
1		SOLOM	ON		BOYARSKY		SEPTEMBE	₹ 1,	1987	8A.	AA	
	3. SE	X	4. RACE	5 C	ATE OF BIRTH		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 2	A HRS	
1		MXKK MALE	CAUCAS	IAN JA	JANUARY 4, 1894		93	YRS	MONTHS DAYS	HOURS	MIN,	
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	OUNTRY? 8.			9. BALTIMORE CITY O		Y OF DEATH			
		RUSSIA	U.S.A.		ARRIED NEVER MAR		BALTIMORE CITY MD.				MD.	
1	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY		OME OR OTHER INSTITU	ITION	120. USUAL OCCUPATION		12b. KIND O	F BUSINES		
1		BALTIMORE	524 N. CHA	RLES ST.	,APT. 1713	(21202	(TYPE OF WORX FOR MOST O SELF-EMP)			CLEA	NER	
2	130. S	AL RESIDENCE HE NURSING HOME OF		DENCE BEFORE ADMIS Y OR TOWN	(13d INSIDE CITY	HMITS?	13e.STREET ADDRESS /	ZIP COL	(2120	02)		
-	N	MARYLAND		LTIMORE		0 🗆	524 N. CHAI	RLES	ST. APT	. 171	3	
100	M FA	ATHER'S NAME FIRST		15 MOTHER'S M		NE .		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		UNKNOWN	MIDDLE	ARSKY	RACI	JEL.	WIDDLE		UNK			
7		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	CIAL SECURITY			ADDRE	SS OV	VINGS MI	TIC	MD	
		YES, NO OR UNKNOWN)] IF YES, GIV	E WAR OR DATES)	-14-69	MRS. R	OSALIE	E LAZARUS 3	119 W	VALNUT A	VE.	21117	
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		(a), (b), and (c).)	ale las.	1-120	O. AD.		BETWEENC	MATE INTERV	EATH	
		IMMEDIATE CAUSE (0) Where schools landed tas cular alisiane										
		DUE TO, OR AS A MISEQUENCE OF										
	Conditions, if ony, which gave rise to immediate											
		couse (a), stating the	DUE TO, OR AS A	PHISEQUENCE	9F /		- 0		- 1291			
		underlying couse lost.	(lc)	Ux con	re moure	up c	- faitur	/				
	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PSEASE OR CONDITION GIVEN										
-	ē											
/	CAI	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPER	ATION WAS PERFORM	200 AUTOPSY?		S, WERE FINDIN				
-	CERTIFICATION						YES T NOW		IFYING CAUSES	NO	13	
1	CER	210. ACCIDENT WAS UNDERLYING	110110 1 11 111		21c HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)			
	At	OR CONTRIBUTING CAUSE OF DEA		INTH DAY	19							
П	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJU		211 LOCATION							
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO	DRY, OFFICE FARM, E	C) STREET		CITY OR TOV	/N	COUNTY	514	ATE	
		22a. I certify that (I) (this haspi	tril) ottended the deser-	ad from	Prierry	81	1 50	79	10 87			
		saw the deceased all above (UVwe) (did) (did his		62 19 87		r) opinion di	eath occurred on the do	te and ha		ho (I) (we	e) last	
		22b. SIGNATURE	i view the body after de	of.	DEGREE						ed	
		Jan V	S. Nuch	1		NDING V	MEDICAL STAF	F	22c DATE S	I CO		
Н		22d. PHYSICIAN'S NAME STYPE O	cayyu	u	MD ATTE PHY	SICIAN A	MEDICAL STAF	AN 🗌	1 2/1	10/		
		CADIL B	7		30 /	5-7	PAUL PL.	0	1207			
		CHRY D. 1	KUPPERT		001	01. /	AUL FL.	2	1202			
	230 B	URIAL, CREMATION, REMOVAL			OF CEMETERY OR CREA		23d LOCATION		COUNTY	5TA	. 16	
		BURIAL	9/3/87		IGOVER CEM	ETERY	ROSEDALI	BAL	TO. MI) 51A	LTE.	
	24 FU	INERAL DIRECTOR SOL L	EVINSON & B	ROS., INC	Z.	250 DATE	REC'D. BY REGISTRAR			JRE		
	6	6010 REISTERSTO	WN'ARD. BALT	0,MD 21	215	+		-	-			

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IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the

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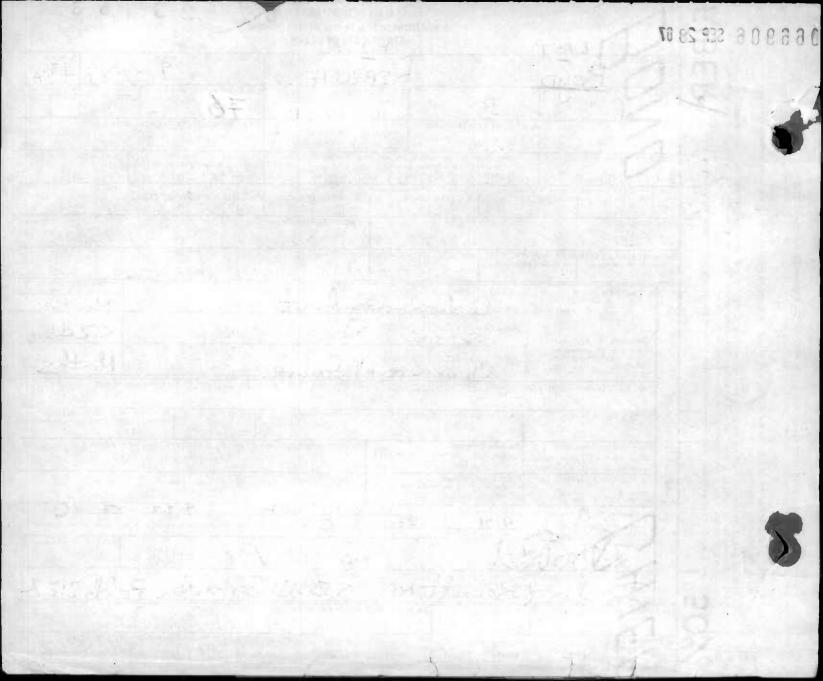
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1		REGISTRAR LAST		FIRST			REG. NO.					
		EASED NAME	M	DOLE	7			20 DATE OF DEATH	HINOM	DAY YEAR	Zb HOU	
	(14hF	ORPRINT) ROLL			KSF	A 228			7 .7	77.87	43	Au
	J. SEX	Cook	4. RACE		S. DATE O	F BIRTH		6 AGE (IN YEARS LAST BIR	HDAY)	IF UNDER I YEAR	IF UNDER	24 HRS
-	. 50	0	R		MONTH	DAY	YEAR	mil		MONTHS DAYS	HOURS	MIN
		T	5		10	10	12		YRS.			
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	VHAT COUNTRY?	8. MARRIET	NEVER M	ARRIED V	9. BALTIMORE CITY O	R COUNT	Y OF DEATH		
-		VA	U.S.A		WIDOWE		ORCED [BULLIMODE	CITY	1		MD.
1	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INSTI	TUTION	12a USUAL OCCUPATE			OF BUSINE	SSOR
	RAI	TIMORE	FRANCI	S SCOTT		FD. CTN		TOUCENEED				
H.		L RESIDENCE OF NURSING HOME OF				LD. CIN		HOUSEKEEP			HH	
6	13a S		YTY	13c. CITY OR TOW	N I	13d. INSIDE CIT	_	13e.STREET ADDRESS				
~	M			BALTO.		july-	NO []		5th S	TREET	21218	
25	4 FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S	MAIDEN NAA RST	AE MIDDLE		{A	AST	
IJ.		JEFF		BOYD		TEN				HEN	DRICK	
		AS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMAN	IT	ADDRE	SS			4
	- LA	NO OR UNKNOWN) (IF YES, GF	VE WAR OR DATES)	217-16-	51/10	CARROL	ROVD	1602 NORMA	1 ///	NUF		
	=					CARROL	L BOTD	100Z NORMA	AVE		XIMATE INTER	VAL
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY:	ine far (a), (b), and	d (c).)	Λ.				BETWEEN	ONSET AND	DEATH
			TE CAUSE (a)	cordiapu	Imouary Herest					Mu	L OHE)
			DUE TO, OR	AS A CONSEQUE	NCE OF	d				1 -	711	
		Canditians, if any, which	(16)	Sepsis	- 190	7				-	-4 h	4
		gave rise to immediate cause (a), stating the	DUE TO OR	AS A CONSEQUE	NCE OF			TO SAME		. 0	10	
		underlying cause last.	DOETO	400 41g		I Line	1,0			Mo	the	-
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO			NOT RELATED 1	O THE TERM	NAI DISEASE OR CON	DITION GI	VEN IN PART 1	In:	
	Z	TAKT 2 OTTEK SIOIVII ICAIVI	continons <u>co</u>	1416001140101	SEA(II) BOT	TOT KELAILD	O THE TERM	THE DISEASE ON CON-	311101101			
	CERTIFICATION	190 DATE OF OPERATION	19h CONDII	ION FOR WHICH	OPERATION	WAS PERFOR	MED	200 AUTOPSY?	70b IF YE	S, WERE FIND	INGS LISER	0
4	5	THE DATE OF CIERMINO	170 0011011	TOTAL OR TATHER	OI ENTITION				IN CERTI	FYING CAUSE	S OF DEAT	TH?
1	E		7 71h. TIME OF	a things		In. How Bu	URV OCCUPE	YES NO		ES []	NO [1
	[AS546]	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110 4 4		AY YEAR	ZIC HOW INJ	UKT OCCURR	ED (ENTER NATURE OF INJUI	IN INEW IR	PART I OR PART 7)		
7	CA	IN EITHER NOTIFY MEDICAL EXAMINE		۸.	19							
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY	711 LOCATION STREET CHYOR TO			WN	COUNTY	5	TATE	
	Z	AT WORK AT WORK	(AT HOME, SIRE	EL PACTORY, OFFICE F	ARM, ETC	3.00						
		220.1 certify that/(1) (this hosp	ital) attended the	deceased from		3.70	1987	- to 9.	27	19.87	that (1) (we) last
	-	saw the deceased alive or		19 3	on	d that in (my)	aur) opinian d	leath accurred on the de	ate and ha	ur and from the	e couses sto	ated
		obove (I)(we) (did) (did no 22h SIGNATURE	to new the body o	ofter death		DEGREE					E SIGNED	
		THE A	H			. AT	TENDING	MEDICAL STAI	F	ZZC. DATI	ISIGNED	
		3500 F	2000			MD PI	HYSICIAN [DIRECTOR PHYSIC				
		224 PHYSICIAN'S NAME (TYPE	OR PRIMIT	00	_	22e ADDRESS	an	< 1 A	-	00	-15	-1
		Richard	# Ker	nett,	CD	56	00	Zasten 4	er t	Salth	212	14
	73a. B	JURIAL, CREMATION, REMOVAL	23b. DATE	73c N	NAME OF CI	METERY OR CI	REMATORY	236 LOCATION				
	1	BURIAL	9/26/8		EDAR I		METERY	ANNE ARU	NDFI	CO.	M	D'E
	74 F1	JNERAL DIRECTOR	13/20/0	, , ,	LUAN	IILL OL	25n DATI	REC'D. BY REGISTRAR				
		NAME	TALC	1101 ADDRESS	MODELL	AVENUE	CE D	25 1987	Julia .	Dendum	Da dasi	
	M	M. C. MARCH F/F	I, INC.	1101 E.	MORTH	AVENUE		- 1001			1	7



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STATE DEPARTMENT OF HE

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ALTH AND MENTAL HYGIENE	119				
ATE OF DEATH					

2 SEP	9.8	FOR STATE REGISTRAR	DEPA		FICATE OF DEATH	IENE REG. NO.		
oge 3 deoth	1. DEC	EASED NAME OR PRINT) FIRST	bert EARL	- 1	Boyd	20 DATE OF DEATH M	9 14 87	731 PM
ofter d	3 SE)		4 RACE	5 DATE	H DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DATS	HOURS MIN.
72 hours		MALE RIHPLACE (STATE OR FOREIGN OUNTRY)	WHITE 76 CITIZEN OF WHAT COUNTS USA	MARRIE	D MEVER MARRIED	9 BALTIMORE CITY OR		
the fune ed with	-	EST VIRGINIA TY OR TOWN OF DEATH BALTO	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCHEACHTY, GIVESTI MERCY)			12a USUAL OCCUPATIO (1YPE OF WORK FOR MOST OF Y THOMPSO	N 126 KIND OF INDUSTRY	BUSINESS OR
filled in bould be fill	USU/ 13a. S	L RESIDENCE HE NURSING HOME O	NTY I36. CITY OR T	FORE ADMISSION) OWN	13d INSIDE CITY LIMITS? YES NO 😭	13e STREET ADDRESS /		
Ompletely Ond 2 str		THER'S NAME FIRST Z 6	MIDDLE LAST		15. MOTHER'S MAIDEN NA	MIDDLE	ROG	ERS
P G Sp	160 V	(AS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? IVE WAR OR DATES) 234-56		BEN BOYD	8231 ROSE		21222
physician de physi		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (a), (b),	and ici	tastatic Bron		APPROXIM	ATE INTERVAL NSET AND DEATH
ed by the ottendin please remove corbinal, rical, cremotion, or a cr other troumotic		Conditions, if any, which gove rise to immediate cause tol, stating the underlying cause last.	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	OUENCE OF	NOT DELATED TO THE TEDA	UNIAL DISEASE OF COND	ITYON CIVEN IN PART I	
s been sign grant. Then p prior to bu	CERTIFICATION	History of A	Head + Neck	CARCII	noma		20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	OS USED
physicion. Trificote ho al-tronsit pictol Hygiene		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	HOUR A.M. MONTH		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	YES	NO []
ottending ter this cer is the burio h and Meni	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	19 ICE, FARM ETC)	21f LOCATION STREET	CITY OR FOW	n county	STATE
CTOR: Af for use of for use of Health		220.1 certify that (l) (this hasp saw the deceased live a above (1)(we) (did)(did n	n 11 view the body after death.	9 87.0	nd that in my (our) apinion	deoth occurred on the dot		
y the hoy the hoy the hotel DIRE detoched tote Dept NT. If Hen		226. SIGNATURE	w Dodd,	MD		MEDICAL STAFF DIRECTOR PHYSICIA		14/87
etoined by the Foundation of the Stote with the Stote MAPORTANT:		Nevins W	1. Todd M	1. D.	30/84. 7		e Balt. Mi	21202
BP		BURIAL CREMATION, REMOVA	23b. DATE 9/17/87		CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	BALTO	MD
HMH - 16 60M 7/B4 (VRA 15, 4)	24 FI	INERAL DIRECTOR	FUNERAL HEME	of 1	UNDALK SEP		on REGISTRATES SIGNATULA	Relace

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REG. NO 20 DATE OF DEATH 2b. HOUR MIDDLE FIRST TYPE OR PRINTI ANGEL C BRACETTY 2:01 M SEPTEMBER 11 1987 IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3. SEX YEAR Male Hispanic 9 BALTIMORE CITY OR COUNTY OF DEATH TO. BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY Puerto Rico WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE) THE JOHNS HOPKINS HOSPITAL BALTIMORE Construction WOUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 724 N. Collington Ave., 21205 Balto YES 😿 NO [Md. 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE MIDDLE Phillida Bracetty Manuel Santana 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES) 581-01-2189 Rowena F. Bracetty, 724 N. Collington Ave 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and icc.)
PART I. DEATH WAS CAUSED BY: OB CONSEQUENCE OF CArcinmatosis Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 IN CERTIFYING CAUSES OF DEATH? 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN AT HOME STREET FACTORY OFFICE, FARM, ETC) NOT WHILE 220.1 certify that (1) (this hospital) offended the jour) opinion death occurred on the date and hour and from the causes stated and that in (my) sow the decased plive on obove, (1) we (idid) (did not) view the body after death. DEGREE 22h SIGHTATUR MEDICAL STAFF ATTENDING PHYSICIAN | 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE Biffial 914-87 Meadowridge Mem. Prk Elkridge, Maryland 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Gary Main St. Elkridge. Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

should be deto with the State [

IMPORTANT

The state of the s

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DIVISION OF VITAL RECORDS, 201 W. PRESTON 31. BALTIMORE MARKTAND 21201 AL OR ATTENDING PRIVISICIAN: The law requires that the death conficult be executed within 24 hours after away fraction. AL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral available sentences containing pages. Signed containing the funeral available of Medification of American prints from please remove containing pages. Signed 2 should be filed within 72 hox coffed and 200 pages. The Australia within 72 hox coffed and a signed and the filed within 72 hox coffed and 200 pages.	deal enginerator beided of de
DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALTIMORE, MARYLAND 21201 40. Utberding physician. 6. After this certificate has been signed by the attending physician and completely filled in by the sortificate became has been signed by the attending physician and completely filled in by the sortification permit Them please remove contempopers. Figure 5. Child 2 threid be files to eath and Mental Hygiene page 16 beautification or removal.	 If ben 21 is marked at New 18 shows any injury, at other traumant event, the magical examiner plant be hadded along.
SALTIMORE N ficate be esecute abysician and cor papers. Toges, cor popers.	ent, the medical le
of the death cerry by the attending just remove corbon. Contablion, or ren	other traumatic ex
Low requires the continue of the continue of the continue of the place of the continue of the	" Sarry infury, or
DIVISION OF VITAL R DIVISION OF VITAL R The hought of other division the Properties AL DIRECTOR After this certificate has been divisioned by the Dept. of Medificand Mental Hyggery	ed or Nem 18 show
OR ATTENDING OF ATTENDING or brotherd or or or brotherd or or or brotherd or or or brotherd or or or or Dept. of Health o	8 Ben 21 is marke

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR	DEI		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. NO.		
		CEASED NAME DELL	-A MIDDLE	BR	ANDOW		7 27, 87	530 M
T	-5	87/=	black black	S. DATE C		6. AGE (IN YEARS LAST BIRTHD	MONTHS DATS	FUNDER 24 HRS
3	c	OUNTRY) Va	USA	WIDOWE		Baltimore City or o	e city	MD
2	B	atimore	II. NAME OF HOSPITAL, N OF NOT IN SUCH FACILITY, GIVE IN COLO		Home	120 USUAL OCCUPATION (TYPE DE WORK FOR MOST OF W DISCIBLE OF		OF BUSINESS OR
2	la 5	Mg		R TOWN -	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS / Z	11	21223
2	Â	THER'S NAME TONONZO	BIA BIA	si arts	15. MOTHER'S MAIDEN N	MIDDLE	Paige"	ST
		PASIDECE ASED EVER IN U.S. ARA ES NO ORUNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIA WAR OR DATES) 083-	26-6083A	Barbara	Cadson 3	800 Edg	ertun Rd
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATION	y one cause per line for (a), BY: CAUSE (a) Cara	10 - Va	scular C	oflapse	APPRO) BETWEEN	MATE INTERVAL
	100	Conditions, if any, which gave rise to immediate couse (a), stoting the	DUE TO, OR AS A CON	Onic 1	attuse of			
	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	MQUEL G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	TON GIVEN IN PART 1	la
7	CERTIFICATION	90 DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED		106. IF YES, WERE FINDI N CERTIFYING CAUSES YES	
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY II	NITEM 18 PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY	OFFICE, FARM ETC)	216 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		27a. certify that (I) (this haspit saw the deceosed alive on above, (I) (we) (did) did not	7-12	19 8/ 91	nd that in (my) (aur) opinio	n death occurred on the date		that (f) (we) last e causes stated
		22h. SIGNATURO	kaleed			MEDICAL STAFF DIRECTOR PHYSICIA	100	SIGNED 27-87
		22d. PHYSICIAN'S NAME (TYPEOR	YKALER		831 Pops	Plas Grove	est-L	Battimos
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 10/2/87		emetery or cremations n Cemetery	Lándsdowr		Μď ^{*τε}
	24 FL	DNERAL DIRECTOR A. C. March F/H	West 4300 Wa	bash Avei		CT 02 1987	REGISTRAR'S SIGNA	TURE Parket



FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 208 ASED NAME 20 DATE KNOWN BRANDT JAMES D. DEATH MATED 4 RACE AGE (IN YEARS | IF UNDER 1 YR. 3 SEX DATE OF BIRTH IF UNDER 24 HRS 7c DATE LAST BIRTHDAY 5 19 YPS 68 Male White 2:35RM 9-25-879 BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED XX FOREIGN COUNTRYS Balto. U. S. A. Baltimore City CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS University Hospital STU Baltimore Auto Mechanic WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS Millersville, Md. 134. INSIDE CITY LIMITS? LIS COUNTY #21108 8315 Brookwood Rd. hne Arundel Willersville Md. III. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Carolyn Grove David WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 8315 BrookwoodESRd.-Millersville. 166 SOCIAL SECURITY NO. LIE YES GIVE WAR OR DATEST Mr. David E. Brandt Md. #21108 217-72-7454 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: Multiple injuries with complications DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN ORECUTE THE CERTIFICATE, WRITING THE WORD "FENDING FOCE 1 SHOULD BE FORWARDED TO THE CHIEF MEDICAL CHIEF MEDICAL CHIEF MEDICAL PAGE 3 SHOULD BE USED AS A BLAFF DEPARTMENT OF HEALTH AND THE DEPARTMENT OF HEALTH SHATTHORE. 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 21g EXTERNAL CAUSE WAS 216. TIME OF INITIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 ON PART 2) UNDERLYING TOO subject fell through open stairwell of house CONTRIBUTING CAUSE OF DEATH under construction 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME AT WORK NOT WHILE Anne Arundel Co., Md. West Pasadena Rd. construction site Inspection X 220 I certify that I took charge of the remains described above, held an and in my opinian Accident X Undetermined manner Natural causes L TITLE (SPECIFY) ACTUAL DATE 9-26-87 M.D. Deputy Chiefepical ExaminER SIGNATURE EXAMINER'S NAMI 111 Penn Street Ann M. Dixon, M.D. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 73c NAME OF CEMETERY OF CREMATORY 23d LOCATION Burial 9-29-87 Crestlawn Cemetery Howard SCHWABORESS SISI BALTO, NATION PAIE PECID BY REGISTRAR **DHMH - 17**

(VR A15 ME (5))

STATE OF MARYLAND

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TO FUNERAL DIRECTOR. After this certificate his should be detoched for use as the burial-transite with the State Dept of Mealth and Mental Hygin

retained by the hospital ar

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

TO HOSPITAL OR

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IMPORTANT: If Item 21 is

STATE OF MARYLAND 6 / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND CERTIFICATE OF DEATH

5 4 68

	87 -	FOR STATE REGISTRAR			IEALTH AND MENTAL HYG	IENE 2	5468	3
1		EASED NAME FIRST	MIDDLE		AST	2a DATE OF DEATH	MONTH DAY YE	20 1100K
1	TIPE	ORPRINT) ALMI	4	BRAS	SHEAR	4	9 19 8	7 16 P M
	3. SEX		4. RACE	IS DATE (S RIDTH	6 AGE (IN YEARS LAST BIR		
	F	'emale	White	10	17 DAY 06 YEAR	80	YRS.	ATS HOURS MIN.
	16. BIR	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8.		9 BALTIMORE CITY C	OR COUNTY OF DEAT	Н
	M	iaryland	USA	MARRIE	D NEVER MARRIED DIVORCED	Ralti	more Ci	TY MD.
1		Y OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME (DR OTHER INSTITUTION	120 USUAL OCCUPAT (Type of work for most of housewlfe	ION 126. KIT	D OF BUSINESS OR
	13a S	RESIDENCE IN NURSING HOME OF	OTHER INSTITUTION GIVE		13d INSIDE CITY LIMITS?	STREET ADDRESS 4113 6th S	ZIP CODE treet 212:	25
-	1	THER'S NAME orge C. Diehl	MIDDLE	LAST	Ida S. Balty			LAST
٦		(AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	OCIAL SECURITY NO.	17 INFORMANT	ADDR		
	. {Ai	no no or unknown)	263	-46-8989	Ruth Hall 411	3 6th St.	Brooklyn, I	Md. 21225
1		18 CAUSE OF DEATH (Enter or	ly one cause per line fo	r (o) (b) and (c) (AP	PROXIMATE INTERVAL
		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a) CQ	RIBRAL	Vascular	Disea		
		IMMEDIA		CONSTOURNIES				
		Canditians, if ony, which	(b) ART	CONSEQUENCE OF	Rutic Cars	invascula	R Diseas	0
1		gave rise to immediate couse (a), stating the)					
		underlying cause last	DUE TO, OR AS A	CONSEQUENCE OF	Lementia			
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT		INAL DISEASE OR CON	IDITION GIVEN IN PAR	T lia
	NO NO	HOURTSHALLS						
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FI	NDINGS USED
	E					YES NO	YES	NO [
	W W	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJU	RY ONTH DAY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PAR	† 2)
	AL.	OR CONTRIBUTING CAUSE OF DE	AITT .	19				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJ		211 LOCATION	CITY OR TO	OWN COUNT	Y STATE
	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PAC	TORY, OFFICE, FARM, ETC }	0/	Q.	/	
		22a I certify that (I) (this hasp	tel) ottended the dece	ased from	921 19 8	7. 10 /	19 19 8-	L, that (I) (we) tast
		sow the deceased alive an above, (1) (we) (did) (did no	9/19	19 87, a	nd that in (my) (our) opinion (death occurred an the d	lote and hour and Iron	the couses stated
		226. SIGNATURE	if view the bady after a	curii.	DEGREE		170.0	ATE SIGNED
		Kreans.	- yen /	fring,	M. D ATTENDING PHYSICIAN D	MEDICAL STA		120/07
T		224. PHYSICIAN'S NAME (TYPE C	DR PRINT)	4	22e ADDRESS			111
		KUAN	G-YEN	HUANG	BON	Slow	u Hos	sital
	23a BI	URIAL, CREMATION, REMOVAL SPECIFY) JP1a1			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
		INTIAL DIRECTOR	9/22/87	Meadown	ridge Cemetery	Dorsey E REC'D. BY REGISTRAR	Howard	Md.
		Imbrose Funeral		ADDRESS			A SIG	NATURE
	7							

TO HOSPITAL OR

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If Item 21 is morked at Item 18 shows any injury, or other traumatic event, the

FOR STATE

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2Q	RIGISTRAR		CERTIFICATE OF DEATH	REG. NO.					
	CEASED NAME FIRST	WIDDLE	720 -0	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
	HLICE	PEARL	IDREWER	9-2	2-87 1230 PM				
3 SE		21 1	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.				
1	erale	DUTCH	17644 1411	YRS.					
10 01	ETHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH				
V	TY OR DEN OF DEATH	11 NAME OF HOSPITAL NILIDS IN	WIDOWED DIVORCED DIVORCED NO HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	MD.				
0	ATT. MAZZ	IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	TYPE OF WORK FOR MOST OF WORKING LIF					
USUA	AL RESIDENCE (IF NURSING HOME OF	DEATON HOSE	E ADMISSION)		77777				
13a. S	TATE 136 COUI	13 OF TOW	YES NO	DEATON ME	Correr				
14. FA	THER'S NAME	MIDDLE QLAC VEAST	15. MOTHER'S MAIDEN N	MIDDLE CA	LAST				
16a V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT .	ADDRESS	2(2)2				
()	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	1171 ELLA SIM	1 MON 5418 NOR	Thursd De				
		nly one couse per line for (a), (b), on	d (c).)	/ 1	APPROXIMATE INTERVAL BETWEEN ONSET AND JEATH				
	PART I. DEATH WAS CAUSE IMMEDIA		on collopse -	coudier ones	0 minutes				
		DUE TO, OR AS A TONSEQUE	ENCROP OC. 11.1	1	1				
	Conditions, if any, which	Rocus							
	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF								
	underlying couse lost. (c)								
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
ATIC	19g DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES	, WERE FINDINGS USED				
CERTIFICATION				IN CERTIF	YING CAUSES OF DEATH?				
CER	210. ACCIDENT WAS UNDERLYING		216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)				
CAL	OR CONTRIBUTING CAUSE OF DE.	ALITY CONTRACTOR OF THE PROPERTY OF THE PROPER	19						
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE				
~	AT WORK NOT WHILE AT WORK								
		ital) attended the decrased from_	97 198	/	19 that (IT (we) lost				
		y) view the body after death.		n death accurred on the date and hou					
	22b. SIGNATURE	1 1 200	DEGREE ATTENDING	. MEDICAL STAFF	221. DATE SIGNED				
	JAY. SU	sauce, Mis	PHYSICIAN	DIRECTOR PHYSICIAN	18/8/87				
	276 PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	A. Class.	11				
23a B	J.S. GLA	<u> </u>	X	our makes	P				
230 B	MIAL, CREMATION, REMOVAL	236 DATE 236.1	NAME OF CEMETERY OF CREMATORY ZION CEMETER	CITY OF TO	COUNTY				
24. FL	NERAL DIRECTOR	1.000111	1 DION CENTER	PER CO CONTRACTOR DE CONTRACTO	down down down				
X	PAR SUNERO	Home 5914	yill la	120 301					
-									

Martin and Wall are the Continue Recommendation

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

101	SEP 28	87	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG	IENE REG. NO			t
			SED NAME FIRST	WIDDLE	1000	LAST	20 DATE OF DEATH M	ONTH DAY	YEAR	26 HOUR
pe 3	12	1	Fleamo	r R	Br	10.95	C	19 2:	87	10:05 PM
Моу	1	1. 5E		4. RACE	5. DATE O	OF WRITH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UT	DER 1 YEAR	
9e 4	14	+	F	B	MONTH / C		78	YRS	HS DAYS	HOURS MIN.
Pog	01	7a B	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY OR	7110.	DEATH	
oth.	- 4	1	COUNTRY) Md	USA	WIDOW	DI NEVER MARRIED DIVORCED		Bala	4 me	ore MD.
r de	-	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME		12a USUAL OCCUPATIO	N I	26 KIND C	OF BUSINESS OR
urs ofte	1		Baltimore	University	Ho	epital	PRESSOR	VORKING LIFE)	N/	
24 ho	34		STATE 136 COU	The second secon		134. INSIDE CITY LIMITS?	13e STREET ADDRESS /	A -	1/16	Ave.
rely .	2 ====================================	14. F/	ATHER'S NAME			15 MOTHER'S MAIDEN NAM	ME			7
0		3	Robert	NMI Hich		EILA	NM		W	Ison
e execu	Poges		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GP	RMED FORCES? VE WAR OR DATES) 166 SOCIAL SECU 220-14-		Byrdell 3	Stewart 53	6 N. Ca	roll	Iton Are.
inte b	al.			nly one couse per line for (a), (b), on	d Ici.i	^		1	APPROX BETWEEN	ONSET AND DEATH
1 1	000			TE CAUSE (0) Cardio		monary A	rrest			
th of	9 9 9			DUE TO, OR AS A CONSEQU	ENCE OF	01.14				
1	and		Conditions, if any, which (16) Metastatic Bladder Cancer							
£ 1	N.		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF					
\$ 10	or of		underlying couse lost (c)							
1	100	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	TION GIVEN I	N PART 1	0
	19 4	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b IF YES, WERE FINDINGS USED			
N 1 2	1 1 1	ĭĔ					YES TO NOT	IN CERTIFYING	3 CAUSES	OF DEATH?
of the	10.0	8	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY		ORPART 2)	
phy phy	10 10		OR CONTRIBUTING CAUSE OF DE							
ding ding		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	21e. PLACE OF INJURY	19	21f. LOCATION				
直 日 五	hond shed	A.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	ARM, ETC)	STREET	CITY OR TOW	4	COUNTY	STATE
A P	100		220.1 certify that (1) (this hosp	ital) attended the deceased fram_		9/22 19 87		2 19	87	that (I) (we) lost
E S	255		sow the deceased alive an	ot) view the body ofter death.	£7,0	nd that in (my) (our) opinion o	death occurred on the dat	e and hour on	I from the	couses stated
Post Person	201		22b. SIGNATURE	or view the body offer death.		DEGREE			22c. DATE	SIGNED
of a	de D		D-Mclo	mach MD		ATTENDING PHYSICIAN	MEDICAL STAFF	AND	91	22
TA P	2831	1	224 PHYSICIAN'S NAME (TYPE	OR BRIDGE					-/-	
O FO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		J. Mc Go	mack MD		22 S. (preene S.	4. 1521	f. nou	1,14 21201
7 5	5 3 ≧		BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	0.0	UNIY	STATE
BP			BURIAL	9/28/87 K	ING M	EM. PK. CEMETE			01417	MD
DHMH - 16	60M 7/R4	24 F	UNERAL DIRECTOR			2 EAH	REC'D BY RECUEIRAR 2	PEGIST NO	MENA	(asdallo)
	15. 4)	I	VM. C. MARCH F/	H INC. 1101 E. N	ORTH A	AVENUE DE.F	40 1901	,		

2501 GWYNN'S FALLS PKWY. BALTIMORE, MD. 21216

DHMH - 16 60M 7/84

(VRA 15, 4)

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NO. CONTRACTOR OF THE STATE OF

		I tem 16b, Film G632 10-2-87 I STATE OF MARYLAND 2 2 5 4 7 3
0672100		STATE REGISTRAR CERTIFICATE OF DEATH
06/240 S	DE (1YPE	OPPRINT CLORENCE B. BRISCOE St. 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR 9-25-87 8 4 AM
Page 4 may be director. page 3 ours after death	3. SE.	
death. Page uneral direct nin 72 hours of		RTHPLACE (STATE OR FOREIGN 76, CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED POLA: MORE CHY MD.
10 7	B	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (IT YE OF WORK FOR MOST OF WORKING LIFE) 121 INDUSTRY
Inn 24 ha	130 3	AL RESIDENCE (IF NURSING IDNE OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION) TATE 134 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS 136 STREET ADDRESS / ZIP CODE 212 08 THER'S NAME 15. MOTHER'S MAIDEN NAME
complete	7	IMBYO SRE BYSCOE PART TOWNSON AND DECEASED EVER IN U.S. ARMED FORCES? 1166, SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 212.8
The diese	1	res, no optimismouni (18 yes give war or pates) 218-01-800/Mrs. Janie Briscoe 515 Alter Ave.
or temporal		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 11 Ableenhaled Lung CA
w. PRESICAL the death of the offens of the offens of tremotion, cremotion, other troums		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse Io1, stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF
	TION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Cheone real laure and laure sould and sould the
TALRECOR	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES
OF VITAL RECORDS G PHYSICIAN. The low requirer this certificate has been sign the burial-transit permit. They can dimend lifeguese prior to be the do't from 18 shows any injurity of the do't from 18 shows any injurity.	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 111, LOCATION
D DIN OF P	WE	WHILE NOT WHILE AT WORK AT WORK AT WORK OFFICE, FARM, ETC.) 120 Certify that (IV) this hospital attended the deceased from 9 - 10 19 3 to 9 - 2 19 5 that (IV) (we) lost
HOSPITAL OR ATTEN med by the hospital FUNERAL DIRECTOR, uld be detoched for un the Stote Dept of HE ORTANT: If them 21 is		saw the deceased ative on
TO HOSPITAL OR A retoined by the hospital DIRE should be detoched with the Stote Dept IMPORTANT: If her		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA
TO HOSPIT, retoined by TO FUNER, should be down the Sto		JUNIAL, CREMATION, REMOVAL 1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION
ВР		Species Burial 9-30-81 Druid Rage Raylo COUNTY Md STATE **BERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR' 250 REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	·,	as. A. Morton & Sons 170 " Laurens St. SEP 28 1987 Julia Devidon Renders

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	may be	page 3 er death	
	th. Poge 4	ral director 72 hours of	ance.
10	s ofter dea	by the fune	notified of
LAND 212	nn 24 hour	ly filled in I should be f	er must be
RE, MARY	ecuted with	complete	redi exomin
BALTIMO	sate be ex		i. (Tillmed
STON ST.,	eath certifie	te corbang on, or reme	umotic ever
I W. PRE	that the de	by the of eose removal, ol, cremotic	r other tro
CORDS, 20	v requires	been signed but Then pla mor to burn	ny injury, a
VITAL REC	IN the lov	Cooke has branch permit	18 chaws o
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDED PRISELIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be	TO FUNERAL DIRECTOR. Also the contract has been signed by the attending plan completely filled in by the funeral director, page 3 should be filled within 72 hours ofter death with the State Death of Health and Mental Health And	IMPORTANT II was 2 marked on the 18 show ony injury, or other troumptic event.
NO	ATTENDING	for one of of Health	21 is mark
9	by the ho	FRAL DIRE s detoched State Dept	NAT. If Bern
	TO HOSP	though in the	IMPORTA

5861 SEA	le	FOR 9/18/87	DAD 0	EPARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	6 / 2 IYGIENE	5 4	7
n-		EASED NAME FIRST CORPRINT)	MIDDLE		LAST .	REG. N	0. MONTH DAY YEAR 8 24 87	3:55 A
urs offe	SEX	male	1 RACE black	5. DATE			YRS MONTHS DATS	
in 72 h	C	OUNTRY) MACYLANA TY OR TOWN OF BEATH	7b. CITIZEN OF WHAT CO	MARRIE		2 115	MOR CITY	ME OF BUSINESS OR
be notife	B	altimore I RESIDENCE (IF NURSINGHOME OR	GIF NOT IN SUCH FACILITY, G Sina; H	OSO L tal		TYPE OF WORK FOR MOST C	OF WORKING LIFE) INDUSTRY	
A mus	3a. S	Ma. B.	Alto. B.	or town	134. INSIDE CITY LIMITS YES NO	570772 NAME	PRIPOR	Ave
of State of		LAMONT 'AS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCI	AL SECURITY NO.	Dana 17 INFORMANT	MIDDLE ADDRI		ton
signed by the atten Then please remave ci to burial, cremation, njury, or other traum	NO	Conditions, if any, which gave rise to immediate couse (a), stofing the underlying cause lost PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CO	INSEQUENCE OF	EXT CEME IMP	0/1	Matury DITION GIVEN IN PART 1	10
this been prior	CERTIFICATION	19a DATE OF OPERATION	19b CONDITION FOR	WHICH OPERATION		200 AUTOPSY? YES NO	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
2 5 C m	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	19	211 LOCATION STREET	CURRED (ENTER NATURE OF INJU		STATE
retext, preclice, or to be detected for use or State Dept. or Health (TAN). If hem 21 is man		220.1 certify that (I) (this hosping the defeated alive an observed (I) (And (did)) (did no 22% SIGNATURE		h 10			ote and have and from the	, that (I) (we) lost e causes stated E SIGNED
TO FUNER should be with the Sh		MICHAEL URIA CREMATION REMOVAL	236 DATE 8-25-87	. ,	CEMETERY OR CREMATO	RY 23d LOCATION CITY OR TOWN	COUNTY	STATE
H - 16 60M 7/84 VRA 15, 4]	M FL	INERAL DIRECTOR NAME (NA (H= SPITA	L 240, W	ADDRESS Lucal	ensalue S	DATE REC'D. BY REGISTRAR EP 1 5 1987	254 REGISTRAR'S SIGNA Julia Dender	

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be

etained by the hospital or attending physician

BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban papers: Fe with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

06514

after death

STATE OF MARYLAND FOR
STATE
REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

п к	TEO IOTRAK						REG	NO.				
DE	CEASED NAME FIRST	N	AIDDLE	LA	ST	20	DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	IR
TIANE	DR. JACK			BRC	IDV		SEPT. 3	1007			2.5	CE
3. SE		4 RACE		S DATE O		- 1	AGE (IN YEARS LAST		IF UNDER	PIVEAR	2:5	-
3. 32.		200			T. 12,1919				MONTHS	DAYS	HOURS	AA
1	MALE	WHITE			.1. 12,1919		67	YRS.				
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIET	X NEVER MARRIED	9	BALTIMORE CITY	OR COUNT	Y OF DE	ATH		
PE	ENNA.	USA		WIDOWE			BALTIMOR	RE CIT	Y			
10. CI	ITY OR TOWN OF DEATH			IG HOME O	ROTHER INSTITUTION		USUAL OCCUPA	TION	126.1	KINDO	F BUSINE	ESS
/ F	BALTIMORE		INAI HOS	SPITAL		(1	"DENTIST	OFWORKING	LIFE) INDI	ENTI	STRY	r
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TI	RVING		BRODY		LILLIA	N				BRC	DDY	
160. V	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADD	RESS				
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	AT WORK AT WORK			-		- 11	9	.5	-	- >		_
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	sow the deceased alive or abave, (I) (we) (and) (did no	t) view the bady	after death.	<u>a -7</u> , on	d that in (my) (our) op	inion dea	ith accurred an the	date and h	our and tr	om the	causes st	atec
	226. SIGNATURE		21.		DEGREE				220	DATE	SIGNED	
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	224 PHYSICIAN'S NAME (TYPE	OR PRINT	11		220 ADDRESS)	201011			,	* * * * * * * * * * * * * * * * * * * *	
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23a. l	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATO	ORY	23d LOCATION		COUNT	٧		TATE
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STATE OF MARYLAND & / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

				REG. NO		
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH ME	ONTH DAY YEAR	26 HOUR
(14)-1	CLARENCE	7	BROGDON	SEPTEMBER	21. 1987	11:50
3. SE		4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE		
	MI	NELDA		2 75	MONTHS DAYS	HOURS MI
7- P	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR	COUNTY OF DEATH	
	COUNTRY)	11 C D	MARRIED NEVER MARRIE			
	Sic.	10.2.71	WIDOWED DIVORCE		CITY	
10 €	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTIO	12a USUAL OCCUPATION		OF BUSINESS
	BALTIMORE	THE JOHNS HOP	PKINS HOSPTIAL	LADOTEI	BUN	3 2/9
	STATE 136 CC	E OR OTHER INSTITUTION GIVE RESIDENCE BOUNTY			CIP SODE J. O. T.	In Al
14. F/	ATHER'S NAME	~~/	15. MOTHER'S MAID	EN NAME	1	
	Howen	K hameo	DOF	a GALL	AWAY	a st
	WAS DECEASED EVER IN U.S.		SECURITY NO. 17 INFORMANT	ADDRESS	5	
1	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 2/8-	07-1591 JOHN 1	KHAMES 164	45 Wood	bourn
	18 CAUSE OF DEATH (Enter	anly one cause per line lar (a), (b)	, and to		APPRO	XIMATE INTERVAL NONSET AND DEA
		DIATE CAUSE (a) CALO	VAC ARREST		on	minu
	IMMED	MATE CAUSE (U)				
		DUE TO, OR AS A CONSE	OUENCE OF		m	0
	and the same and the same	, Levi	1///ATION 1/////	Incom I A	1/1/1/	None.
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	gave rise to immediate cause (a), stating the		EQUENCE OF		014	day
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6499) 4 SE	P -9	87	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
8	P 4			CEASED NAME FIRST VER N	ON E,	BROOKS	20. DATE OF DEATH MONTH DA	20 HOOK
6 4 may	of post		3. SE		A RACE	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
000	al dire	81	I BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	7b. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY C	1
9	14	1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	WIDOWED DIVORCED DIVO	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b KIND OF BUSINESS OR INDUSTRY
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AND 2	filled b	33	130.5	ARYLAND 136. COU	NTY 13c_CITY OR TO	NORE YES NO	41/ LORLAINE	AVE. ZIZIS
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Jose J		/ ledical		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	URITY NO. 17 INFORMANT MA	1. BROOKS 1003 L	ORE, MP. 21229 VND HURST ST
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Q.	TOR: Af	21 is ma		22a.1 certify that (I) (this heap sow the deceased alive or	ortal) ottended the deceased from	0.7	n death occurred on the date and hour of	that (I) (we) lost and from the couses stated
AL OR	by the hospit ERAL DIRECTC e detached for State Dept of	NT. # Hem		22b. SIGNATURE KUCUS- 22d. PHYSICIAN'S NAME LITTER		DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED
DI HOSPIT	etained by the TO FUNERAL should be detained with the State	MPORTANI		KUANG	- YEN Hu	ANG BON	Secours	Hospital
-	BP			BURIAL BURIAL	23h 07E /1987 A	RBUTUS MEM. PA		COUNTY STATE
DHA	MH - 16 60M (VRA 15, 4			NAME	AUS PKWY. BI	ES, INC. 250 DA	SEPO 8 1987	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARTLAND	0 /
EPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

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		CEASED NAME FIRST	WIDDLE	ı	AST	20 DATE OF DEATH MONTH D	AY YEAR Zb HOUR
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filled in	13a. S Md	TATE 1136 COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEF NTY 134. CITY OR TO Baltimo	ORE ADMISSION) OWN OTE	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP CODE 419 S. RODINSON	Street 21224
TO TO	14 FA	ther's name First Unknown	MIDDLE LAST		15. MOTHER'S MAIDEN N	nknown MIDDLE	LAST
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physicia physicia ngapers movell vent, the		DADT I DEATH WAS CALISE	nly ane cause per line far (a), (b), ED BY: TE CAUSE (a) Cardia (st		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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hos been to permit I be prior ows ony i	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
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ottending fer this of s the burn and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	E. FARM ETC)	216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
spital or CTOR: Af for use a of Health		saw the deceased alive ar	ital) attended the deceased from 9-9 19 at view the body after death.		nd that in (my) (aur) apinio	, to 9-9 In death accurred on the date and haur	9_67_, that (I) (we) last and from the causes stated
by the has leral DIREC to detached State Dept ANT: If hem		27b. SIGNATURE Francis	more	2ml	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/9/87
TO HOSPITAL TO FUNERAL should be deter with the Store IMPORTANT:		F. M. M.	AHONIMI			of Key Medical Co	anter-
BP	- (URIAL, CREMATION, REMOVAL SPECIFY) Burial			m Cemetery	Baltimore, Md.	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR HN M. WEBER & S	SONS INC 401 S.	CHESTE		SEP 1 4 1987 Julia D	RAR'S SIGNATURE

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3	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed witburg 4 hours after also retained by the hospital or attending physician.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	wightness 1
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CERTIFICATION

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LITYPE OR PRINTI

re MO 7a BIRTHPLACE

13a. STATE

4 FATHER'S NAME

IYES, NO OR UNKNOWN)

OCT

REGISTRAR

CITY OR TOWN OF DEATH

FIRST

136 COUNTY

MIDDLE

(STATE OR FOREIGN

PART I. DEATH WAS CAUSED BY

Conditions, if any, which

gove rise to immediate couse (o), stating the

underlying cause lost.

19a DATE OF OPERATION

226. SIGNATURE

(SPECIFY)

24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL

BURIAL

MARCH F/H. INC.

71a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

> NOT WHILE AT WORK

> > · E SPINDSa

23b. DATE

10/3/87

300

23c. NAME OF CEMETERY OR CREMATORY

BALTIMORE CEMETERY

1101 F. NORTH AVENUE

It imore

4. RACE

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MIDDLE LAST 20 DATE OF DEATH MONTH 76 HOUR Map 87 6:30 DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED It, more NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Genera WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 15 MOTHER'S MAIDEN NAME MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LIF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF carcinoma PART 2 OTHER SIGNIFICANT CONDITIONS NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 54 YES [216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) HOUR A.M. MONTH DAY YEAR The PLACE OF INJURY 21f LOCATION STREET CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE, FARM ETC) 22a I certify that (1) (this bospital) attended the deceased from that (I) (lost sow the deceased alive on 9/29 above, (I) (Re) Adid (did not) view the body after death and that in (my) (a) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN 22e. ADDRESS

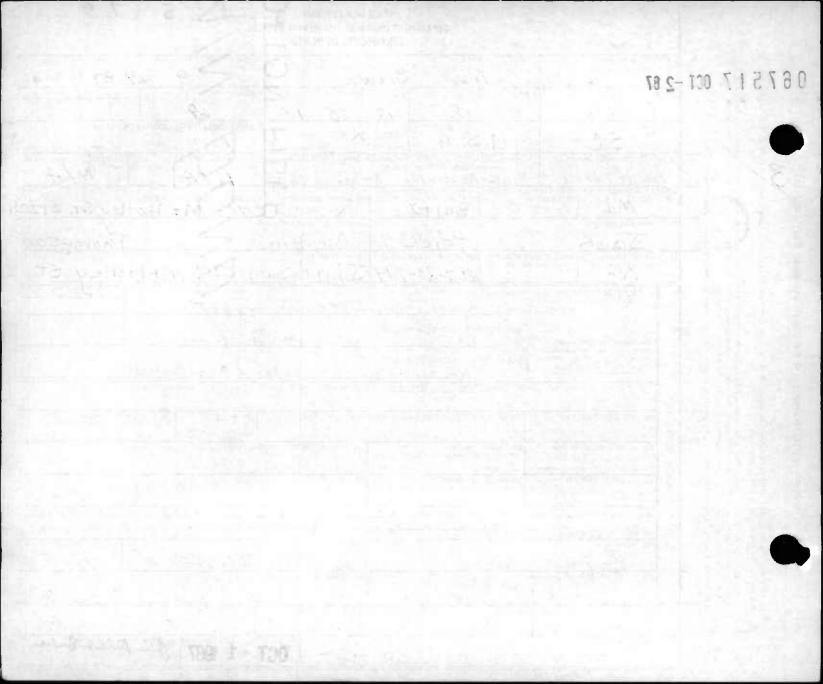
COUNTY

250 DATE REC'D. BY REGISTRAR 250 JEGISTRAPS SIGNATURE

MD

TO FUNERAL DIRECTOR: After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remove contribute the State Dept. of Health and Mental Hygiene prior to burial, cremation, 100 MPORTANT BP. (VRA 15, 4)

DHMH - 16 60M 7/84



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FP IQ	87	REGISTRAR		441111		REG. NO.		
- 10		CEASED NAME FIRST	WIDDLE	1	AST	20 DATE OF DEATH MONTH	DAY YEAR	25 HOUR
	11.11	ERIC		BR	OWN JR.	SEPTEMBER 13	, 1987	2:25 M
	3. SE	(4 RACE	5. DATE C		& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	
		MALE	BLACK	API	RIL 1,1987	5MONTHS YRS.	MONINS DATS	HOURS MIN.
55 /	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	BALTIMORE CITY OR COUN	Y OF DEATH	
-6	ľ	IARYLAND	USA	WIDOWE		BALTIMORE	CITY	MD
33	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREI THE JOHNS HOP	T ADDRESS)		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
P. Co.	USU.	AL RESIDENCE (IF NURSING HOME (TATE 136 COL	DR OTHER INSTITUTION GIVE RESIDENCE BEFO		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COI	DE 212	207
-6	MA	RYLAND	BALTIN	10RE	YES 🔃 NO 🗌	2717 GATTHO	HEF DE	R.
hine	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE	1.45	ST.
<b)< td=""><td>F</td><td>ERIC</td><td>A BROWN</td><td>SR</td><td>GATT</td><td></td><td>ROWN</td><td></td></b)<>	F	ERIC	A BROWN	SR	GATT		ROWN	
9	16a V	VAS DECEASED EVER IN U.S. A		URITY NO.	17. INFORMANT	ADDRESS	21	1207
medi	- (es, no or unknown) (IF yes o	GIVE WAR OR DATES)		ERIC A BF	ROWN, SR. 2717	GAEHOU	USE DR
- 1		II CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), a	nd ic ()			APPROX BEJWEEN	ONSET AND DEATH
vent		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a) Caralo	pulm	onan Ame	st	11	0 min
		IMMEDI			The state of the s			
, E		a succession of	DUE TO, OR AS A CONSEQUE	1 1.	and Caile	-0.	4	8 hour
roor		Conditions, if ony, which gave rise to immediate	(b) Severe	Ous	eart faily		-	0 /1041
والر		couse (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF	1 - 10-		. 5	-1/
		underlying cause last	(d) Chron	10	lung disea	se of premati	vity o	12 mont
o jury, o	NO	ACUTE COO	conditions contributing to	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART TO	0
À I	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC		1 101	20a AUTOPSY? 20b. IF Y	ES, WERE FINDIN	
104	NE NE					L-0	TIFYING CAUSES YES	NO []
sho Sho	E.R.	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM TE		
1 8 B		OR CONTRIBUTING CAUSE OF D						
=	Š	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M.	19	211 LOCATION			
ed or	MEDICAL	WHILE NOT WHILE	INTHOME, STREET FACTORY OFFICE	FARM ETC 1	STREET	CITY OF TOWN	COUNTY	STATE
orke		AT WORK				913	0-	
E			<u>pital</u>) attacked the deceased from	97	19.87.		., 19	that (I) (we) lost
2 2		saw the deceased alive a	nat) view the body after death	81.0	nd that in (my) (aur) apinion o	death occurred on the date and h	our and from the	causes stated
1 5		77L SIGNATURE	the day over death		DEGREE		22c. DATE	SIGNED
0 =		m. m	008 . 12. 2		ATTENDING PHYSICIAN	MEDICAL STAFF	9/1	2/07
3 51		22d PHYSICIAN'S NAME (TYPE	OR DRIATI		22e ADDRESS	DIRECTOR PHISICIANT	11/	3/07
PORTAN		11. 110/	(, m, D :		Johns Hook	ins Hospital	Baltim	pre, MD
1 2	23o I	SURIAL CREMATION REMOVA	AL 236 DATE 236	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	71396	
		SPECIFY				City OR TOWN	COUNTY	STATE
_	24 5	BURTAL JNERAL DIRECTOR	19-17-87 N	ARYT.	ND NATE ONA	E REC'D. BY REGISTRAR 256 REGI	STRAR'S SIGNA	TO TO TO TO
50M 7/84	_	NAME	TIONETS FOOD APPRESS	TT TO			o Dragas	- Kindally
5, 4)	h	EDD FUNERAL	HOME 5209 YOF	K RD	21212	DEL TI MAN O		

poge 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

CERTIFICATE OF DEATH

	REG. N	10.				
	2a DATE OF DEATH	9	23	VEAR 87	26 HOL	
٦	6. AGE IN YEARS LAST B	RTHDAY)	IF UND	ERTYEAR	IF UNDER	24 HR
	10		MONTHS	DAYS	HOURS	MIIM

Frar	ncis A.	Bi	own	9	23 87	8:15 A
SEX	4. RACE	5. DATE C	OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
MALE	BLACK	04/	03/27	60 YE	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIE	DE NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
MARYLAND	U.S.A.	WIDOWE	DI DINORCED	BALTIMORE CITS	7	MD.
D. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		
Baltimore	Loch Raven VAI	MC.		TRUCK DRIVE	ER CORKY	15 WINE
ASUAL RESIDENCE (IF NURSING HOME OF 30 STATE 136 COUL	NTY 13c CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	ODBACTO	1. mo.
MARYLAND	- BALTIN	MORE	YES NO	1581 STONEW	OOD RO,	21239
FATHER'S NAME			15 MOTHER'S MAIDEN NA	ME		
HOWARD	BROU	IN	AUGUSTA	9 MIDDLE	GASSA	WAY
	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT MRS	S. BALT	MORE, MI	0.21239
(YES, NO OR UNKNOWN) (IF YES GIT	U II 219 22	2073	CLARICE V.		TONEWO	

_	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) respiratory failu	re
	Conditions, if any, which (16) Sq. Mamous Cell Carer	oma of tongue 14 months
	gove rise to immediate couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF and Ovo	pharynx

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

cachexia

19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 8/1986 Squamous cell CA

20a AUTOPSY? NOM

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. MONTH YEAR DAY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

23

21c. HOW INJURY OCCURRED

21d. INJURY OCCURRED NOT WHILE

CERTIFICATION

MEDICAL

80

morked or Item

If Hem

MPORTANT:

FOR - STATE

REGISTRAR

ECEASED NAME

P.M 21e PLACE OF INJURY

8

211 LOCATION

COUNTY CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

sow the deceased alive on 9/25 above. (1)(we) (aid)(did not) view the body after death

DEGREE MO

ATTENDING

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c DATE SIGNED

STATE

S. HOFFMAN RAYMOND

220.1 certify that (1) this hospital attended the deceased from

22e ADDRESS

Street, Baltimore, MD

230. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY

23d LOCATION

BALTIMORE, MARYLAND

OI GUVNNS FALLS PKWY, BALTO, MO. 2/2/60

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Devidon-Randell

DHMH - 16 60M 7/84

BP

(VRA 15, 4)

STATE OF MARYLAND

065677 SEP	16	FOR STATE GISTRAR	DEPA	ARTMENT OF H	EALTH AND MENTAL H		7	
	_	CEASED NAME FIRST	MIDDLE		AST	REG. NO. 20 DATE OF DEATH MONTH	H DAY YEAR	In HOUR
. m =		OR PRINT)	MIDDLE		70.	DATE OF DEATH MONTH	DAT YEAR	2b HOUR
noy be	-	TRANK	A .	5	ROWN SI	3 547	, 12 87	9 PM
ou od	L-SEX	(4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
4 0		MAJE	BLACK	DE	DAY YEAR	90	MONTHS DATS	HOURS MIN.
Pog a d	7- DI	RTHPLACE I STATE OR FOREIGN		- Day	C 14 06		YRS	
2 the		RTHPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT COUNT	TATE MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNITOFUEATH	1
in 7		MD	MERICA	TWIDOWE			ORE C	-ITY MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
ed the off	1	RALTIMORE	(IF NOT IN SUCH FACILITY, GIVE ST	TREET ADDRESS)	OF PENTE	RETIRE	INDUSTRY	DV MAN
120 ours	Medi	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE 8	SEFORE ADMISSION	L C-/VIE	N ME / LIVE	17770	D//time
0 2 4 b	13a. S	TATE 136 COUN			136. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE C	
AN 2		MD.	Ralti	More	YES NO	311 S. Ket	thel otre	et 21231
1X2 48	14 FA	THER'S NAME	MIDDLE LAST	-	15 MOTHER'S MAIDEN			
MARYLAND ed within 24 implicitly called	7	FRANK	BRAIL	In Sp.	Carrio	WIDDLE	Rn	PAIES
	16n V	VAS DECEASED EVER IN U.S. AR.	MED FORCES? IN SOCIALS	ECURITY NO.	17 INFORMANT	ADDRESS	DA	MACH
IMORE e exec Poges			VE WAR OR DATES)	1/- 7191	DATOTAS		en ACAT	1 A116
Pho o o o o o o o o o o o o o o o o o o		NO	219-0	1-2101	PAIRICE	TURNER 25	SO CECI	LAVE.
BALTIMORE, cote be executivision and opers. Pages well.		18 CAUSE OF DEATH (Enter on	nly ane cause per line far (a), (b	i, and ic i	01 10	- Anal	BETWEEN	ONSET AND DEATH
: 40000		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (a)	Cord	mosest	1 Wash -		
d ST certing properties		IMMEDIAI	IE CAUSE (0)		-			
he death cert he ottending p emove corban matian, ar ren			DUE TO, OR AS A CONSE	QUENCE OF	co. An orand	200000000000000000000000000000000000000	0	
deori deori		Conditions, if ony, which gave rise to immediate	(b)	~ N	and you	or a sour		
		cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF		-1 . 1	1	
hot the by the orbit of the orbit of the orbit o		underlying cause last	(c)		Jeneret	13th Aten	sclaro	
201 pleo urial,		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITIO	N GIVEN IN PART 1	0
ING PHYSICIAN: The low require oftending physicion. When this certificate has been sign as the buriol-tronsit permit. Then the and Mental Hygiene prior to bu orked or them 18 shows any injury,	Z							
mut been	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDI	NGS LISED
A RECOMPTION OF THE PER PER PER PER PER PER PER PER PER PE	FIC	DAIL OF GLEATION	178. CO. O. 1011 O. 1 O. 1	nen or Examp	THAT EN ONNED	INC	ERTIFYING CAUSES	OF DEATH?
TALR is The le sicion. The le sicion. The le sicion. The le sicion.	Z Z					YES NO	YES 🗌	NO 🗌
ON OF VITA HYSICIAN: The dring physicic physical physicic physicic physicic physicic physicic physicic physic	U	210. ACCIDENT WAS UNDERLYING		DAY YEAR	21c. HOW INJURY OCC	JRRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 21	
SICIA SICIA Certif Certif Certif Certif Item	AL	OR CONTRIBUTING CAUSE OF DEA	AID .	19				
PHYSICIAN: ending phys this certifica te buriol-tra id Mentol Hy d or item 18	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			
VISIG O PH ond the ked o	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY OFF	FICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
DIVIS PORTER III		AT WORK AT WORK			1/ 2	7 1/1		
		220.1 certify that (1) (this haspi		42	18 0	7,10 9/12	~ /	that (I) (we) last
R ATTEN hospital IRECTOR hed for u ept. of He		saw the deceased alive an	at) view the mode attached	007.00	that in (my) (aur) apinio	an death occurred an the date an	d have and from the	causes stated
OR A DIRECTOR OR A DIRECTOR OCHECTOR OC		22b. SIGNATURE	// // _		DEGREE		22c. DATE	SIGNED
0 0 0 0			10)	ATTENDING	MEDICAL STAFF	9/	1-107
TO HOSPITAL retained by the TO FUNERAL I should be deno with the Store I IMPORTANT: If			~	1	PHYSICIAN	DIRECTOR PHYSICIAN [487
JNE JNE A be RTA		22d. PHYSICIAN'S NAME (TYPE O	0 /	/	22e ADDRESS	= 0 1/00= AN	1 1 11 0	110. 0 . 1
O HOSPITAL erained by ITO FUNERAL should be de with the Stoti		UR KURE	IN KEIDE	R	1 74450	-URNACE DE	ANCH Pa	belingunisted
5 5 7 4 3 E	23a B	SURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATOR			710
BP	(SPECIFY) BURIAL			ION CEMETERY	CITY OR TOWN	COUNTY	MD STATE CLOG
Dr	24 EI	JNERAL DIRECTOR	3/10/0/	ALIOUNT Z	TON CEMELIER		COURTN LOCAL	MD /
DHMH - 16 60M 7/84	100	NAME	ADDRE	ESS	250	FP 15 1987	EGISTRAP'S SIGNA	UKI
(VRA 15, 4)	WM.	C. MARCH F/H.	INC. 1101 E.	NORTH	AVFNUE	LI 10 1001 9	- Pro	

067678 OCT and director, page 3 oge 4 moy be impletely filled in both the the band 2 should be fixed. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ha TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. etained by the hospital or attending physician.

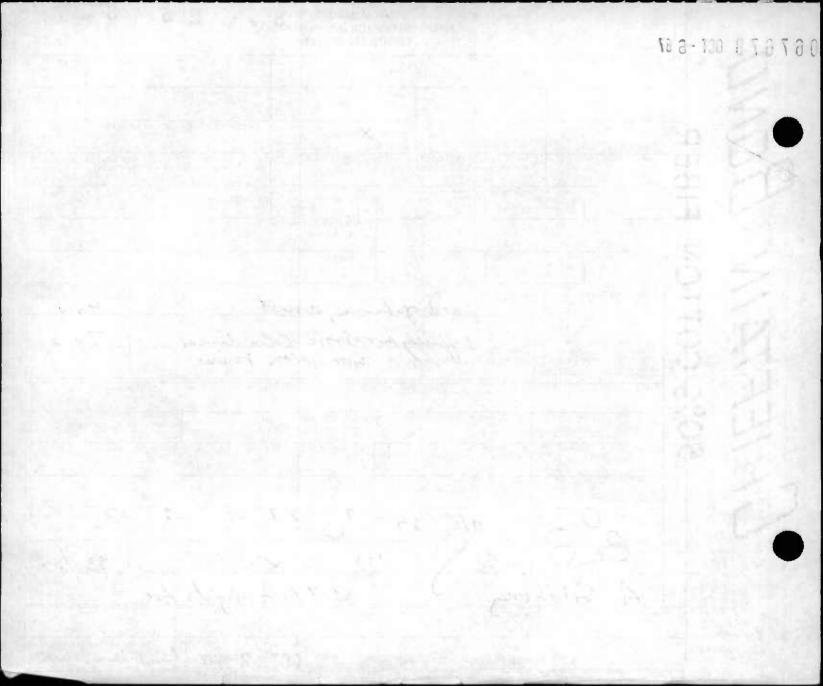
BP

DHMH - 16 60M 7/8 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HTGIENE CEDTIFICATE OF DEATH

5

	FOR STATE REGISTRAR		DEPARTN	CERTIFICATE					
0	CEASED NAME	FIRST	MIDDLE	LAST		REG. No.	O. MONTH DAY	YEAR	2b. HOUR
	OR PRINT)					TO DATE OF DEATH			27
0.000		Jeremiah		Brown	V. Company	1 105	09-28-8	DER I YEAR	9:00
3 SEX		4. RACE		5. DATE OF BIRTH	DAY YEAR	& AGE (IN YEARS LAST BIR		HS DAYS	HOURS MIN
	Male	Black		10-31-	13	73	YRS.		
	RTHPLACE (STATE OF F	OREIGN 76 CITIZEN C	F WHAT COUNTRY?	MARRIED NI	VER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
V	/irginia		JSA	WIDOWED	DIVORCED [Baltimo	re City		٨
10 CIT	TY OR TOWN OF DEA		F HOSPITAL, NURSIN		RINSTITUTION	170 USUAL OCCUPATI		L KIND OI	F BUSINESS O
Ба	altimore		Denmore A			Construct		ADOSIKI	
	L RESIDENCE (IF NURSE	ING HOME OR OTHER INSTITUTE	ON GIVE RESIDENCE BEFORE	ADMISSION)	IDE CITY I WINCE			711	116
	aryland	13b COUNTY	Baltino			5016 Denmo:		7-10	トロ
	THER'S NAME		Daitino		THER'S MAIDEN NAM		re Avent	ie	
	FIRST	MIDDLE	LAST		FIRST	MIDDLE	Y 75	IAST	3 3
16a 10/	TOIN (AS DECEASED EVER	IN U.S. ARMED FORCES	Prown 166 SOCIAL SECU	DITY NO. 17 INE	Maggie DRMANT	ADDRE		itfie	510
	ES, NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES							
	No		223-10-83	213 Jo	ann Curry	5016 Dei	nmore Av		MATE INTERVAL
	Conditions, if any, gave rise to imm couse (a), stating underlying couse	which (b) nediate g the DUE TO	OR AS A CONSEQUE	by METAS	THE CON	for Comes.		7	yes
	gave rise to imm couse (a), stating underlying couse	which (b), nediate g the last: (c).	OR AS A CONSEQUE	NCE OF WI	LATED TO THE TERMI		206 IF YES, WE	RE FINDIN	GS USED
	gove rise to imm couse (a), statin underlying couse PART 2 OTHER SIGN	which (b), nediate g the last: (c).	Definal OR AS A CONSEQUE CONTRIBUTING TO D	NCE OF WI	LATED TO THE TERMI	nal disease or con		RE FINDIN	GS USED
CERTIFICATION	gove rise to imm couse 101, stating underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CO	which hediate g the last. (c). WIFICANT CONDITIONS FION 19b CON BERLYING 17b TIME HOUR	OR AS A CONSEQUE CONTRIBUTING TO D IDITION FOR WHICH OF INJURY A.M. MONTH DA	DEATH BUT NOT RE OPERATION WAS I	LATED TO THE TERMI	NAL DISEASE OR CON	206 IF YES, WE IN CERTIFYING	RE FINDING CAUSES	GS USED OF DEATH?
CERTIFICATION	gove rise to imm couse 101, stating underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CIFERING COURTS	which addition to the property of the property	OR AS A CONSEOUR CONTRIBUTING TO D DITION FOR WHICH OF INJURY A.M. MONTH DA	DEATH BUT NOT RE OPERATION WAS B	LATED TO THE TERMI	NAL DISEASE OR CON 200 AUTOPSY? YES NO	206 IF YES, WE IN CERTIFYING	RE FINDING CAUSES	GS USED OF DEATH?
CAL CERTIFICATION	gove rise to imm couse 101, stating underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CO	which addition to the property of the property	OR AS A CONSEQUE CONTRIBUTING TO D IDITION FOR WHICH OF INJURY A.M. MONTH DA	DEATH BUT NOT RE OPERATION WAS B AY YEAR 19 211 LO	LATED TO THE TERMI	NAL DISEASE OR CON 200 AUTOPSY? YES NO	206 IF YES, WE IN CERTIFYING YES THE PART I	RE FINDING CAUSES	GS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to imm couse 10; stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING COURT (IF EITHER NOTIFY MEDIC TIME IN THE NOTIFY MEDICAL TIME IN T	which addition to the property of the property	OR AS A CONSEQUE CONTRIBUTING TO DE ADITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE FI	DEATH BUT NOT RE OPERATION WAS B AY YEAR 19 211 LO	PERFORMED OW INJURY OCCURR CATION	200 AUTOPSY? YES NO	20b IF YES, WE IN CERTIFYING YES THE WIND TEM 18 PART I	RE FINDIN G CAUSES (OR PART 2)	GS USED OF DEATH? NO
MEDICAL CERTIFICATION	gove rise to imm couse 101, stating underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING COURT CIFETHER NOTHER MEDIC WHILE NOTHER MEDIC WHILE NOTHER MEDIC 220.1 certify the	which hediate g the last. WIFICANT CONDITIONS FION 196 CON PERLYING 176 TIME HOUR CAUSE OF DEATH HOUR ALL EXAMINER) RED 216 PLAC (AT HOME.) This hospital attended	OR AS A CONSEQUE CONTRIBUTING TO D IDITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY SIREET, FACTORY, OFFICE FI	DEATH BUT NOT RE OPERATION WAS B AY YEAR 19 216 HC	DERFORMED OW INJURY OCCURR CATION STREET	200 AUTOPSY? YES NO	20b IF YES, WE IN CERTIFY INC YES TO THE MIN TEM 18 PART I	CAUSES ORPART 2)	GS USED OF DEATH? NO STATE
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MEDICAL CERTIFICATION	gove rise to imm couse 101, stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COURT WEDIC COURT WHILE COURT W	which hediate g the lost. WIFICANT CONDITIONS FION 196 CON DERLYING 176 TIME HOUR AUSE OF DEATH HOUR ALL EXAMINER) RED 21e PLAC (AT HOME. This hospital) attended	OR AS A CONSEQUE CONTRIBUTING TO D IDITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY SIREET, FACTORY, OFFICE FI	DEATH BUT NOT RE OPERATION WAS B AY YEAR 19 211 LO ARM. ETC.) DEGREE DEGREE	PERFORMED OW INJURY OCCURR CATION STREET 19	NAL DISEASE OR CON 200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STAIL DIRECTOR PHYSIC	20b IF YES, WE IN CERTIFY INC YES THE	RE FINDING CAUSES	GS USED OF DEATH? NO STATE hat (I) (we) la
MEDICAL CERTIFICATION	gove rise to immr couse 10, stating underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING COURT (IF ETHER NOTHER MEDIC TANK OF WAS UND OR CONTRIBUTING COURT OF THE PROPERTY OF THE	which nediate g the lost. WIFICANT CONDITIONS TION 196 CON PERLYING 1716 TIME AUSE OF DEATH ALL EXAMINER (AT HOME. THIS hospital) attended THIS GOVERNMENT HAS BEEN THE BOOK THE B	OR AS A CONSEQUE CONTRIBUTING TO DE IDITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE F. The decensed from dy olio death.	DEATH BUT NOT RE OPERATION WAS IN AY YEAR 19 ARM. ETC.) 216 HO DEGREE MARM. ETC.) 122e AE NAME OF CEMETER	CATION STREET ATTENDING PHYSICIAN POR CREMATORY	NAL DISEASE OR CON 200 AUTOPSY? YES NO ED (ENTER NATURE OF INJUITED NO NO NO NO NO NO NO N	20b IF YES, WE IN CERTIFY INC YES THE	RE FINDING CAUSES	GS USED OF DEATH? NO STATE hat (I) (we) lo
MEDICAL CERTIFICATION	GOVE rise to imm couse 10, softmunderlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING OF CONTRIBUTING	which nediate g the plast. WIFICANT CONDITIONS TION 196 CON PERLYING 1716 TIME AUSE OF DEATH ALL EXAMINER 1716 TIME THIS hospital attended THIS HOSPITAL ALL EXAMINER 1716 TIME THIS HOSPITAL T	OR AS A CONSEQUE CONTRIBUTING TO DE IDITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE F. The decensed from dy olio death.	DEATH BUT NOT RE OPERATION WAS IN AY YEAR 19 ARM. ETC.) 216 HO DEGREE MARM. ETC.) 122e AE NAME OF CEMETER	CATION STREET ATTENDING PHYSICIAN OF CREMATORY CORRECTOR OF CREMATORY COMMENT OF CREMATORY	NAL DISEASE OR CON 200 AUTOPSY? YES NO ED (ENTER NATURE OF INJUITED NO NO NO NO NO NO NO N	20b IF YES, WE IN CERTIFYING YES TO THE MINISTER TO THE MINIST	REFINDING CAUSES	GS USED OF DEATH? NO STATE STATE STATE



Wm. C. March F/H West 4300 Wabash Avenue

(VR A15 ME (5))

4.50	Shering a	TO FUNERAL DIRECTOR: After this certificate has been signed by the afterning physical and parability filled in but the funer should be detached for use as the buriol-transit permit. Then pleas to improve the property range of the 2 should be filled within 7 with the State Dept. of Health and Mental Hygene prior to buriol, cremation, ar removal.	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumotic event, the medical Examiner musible of the angle
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the fill death entiticate be executed within 24 hobrs after resoured by the hospital or attending physician.	d in b	stoe le
YLAND	200	Should	iner mu
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., BALT		phy	rent, the
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	PITAL C	ERAL De detoc	ANT. I
	ed os	the b	RT

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BROWN

5. DATE OF BIRTH

CERTIFICATE OF DEATH

REG. NO 26 DATE OF DEATH MONTH 26 HOUR 10:35PM SEPTEMBER 24, 1987 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS

24 AR 24 PAY MALE BLACK To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MIDDLE

9 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

134 INSIDE CITY LIMITS?

NO [

BALTIMORE CITY 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

530 E. 35th STREET

13e STREET ADDRESS / ZIP CODE

MIDDLE

126 KIND OF BUSINESS OR INDUSTRY N/A

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BAL TO MD 14 FATHER'S NAME MIDDLE LAST FIRST

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE

4 RACE

15. MOTHER'S MAIDEN NAME FIRST 17 INFORMANT

YESXX

ADDRESS

LAST BROWN

166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) NO

FIRST

JOSEPH

FOR

REGISTRAR

CITY OR TOWN OF DEATH

BALTIMORE

JIM

DE ASED NAME

- STATE

(TYPE OR PRINTI

3. SEX

CERTIFICATION

MEDICAL

16h SOCIAL SECURITY NO 250-30-8669

> A CONSEQUENCE OF rouse

BR YAN7

THE JOHNS HOPKINS HOSPITAL

FLORA BROWN 530 E. 35th STREET

APPROXIMATE INTERVAL

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse lost.

19 DATE OF OPERATION

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

DUE TO, OR AS A CONSEQUENCE OF

YES T NO 21c. HOW INJURY OCCURRED

20a AUTOPSY?

214 INJURY OCCURRED (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE AT WORK

21e PLACE OF INJURY

211 LOCATION CITY OR TOWN COUNTY

220 I certify that (I) (this hospital) attended the

STREET

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

sow the decased alive on above. (I) (we) (did) (did not) view the body after death.

DEGREE

MEDICAL STAFE DIRECTOR PHYSICIAN

STATE

22e ADDRESS

236 BURIAL, CREMATION, REMOVAL (SPECIFY) BURTAI

236 DATE

23c NAME OF CEMETERY OR CREMATORY RALTIMORE CEMETERY

23d LOCATION CITY OR TOWN BALTIMORE

STATE MD

24 FUNERAL DIRECTOR

1101 E. NORTH AVENUE MARCH F/H. INC.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

Transaction of the second

SEP 3 DISS

WEST TO FORE THE REST OF THE PERSON OF THE P

TO FUNERAL DIRECTOR. After this certificate has been signed by the other should be detached for une as the burial-tronal permit. Then please remove comit the Store Dept. at Health and Mental Hygene prior to burial, cremation.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND & / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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(norton								
PPROXIMATE INTERVAL WEEN ONSET AND DEA								
3-11 11								
2-7 00								
gove rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF cular Coagulation.								
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BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

-	B 187	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE	REG. NO				
			DRST A	AIDDLE		AST	20 DATE OF	FDEATH *	AONTH C	DAY YEAR	26 HOUR	
H	(TYPE)	MOLLIE	Savannah		BROV	VN		0.9	9 12	87	4 - 45	a,
	3. SEX	(4 RACE		5. DATE O		6 AGE INY	EARS LAST BIRTH	DAY]	IF UNDER 1 YEAR	IF UNDER 24 HI	
	Fe	emale	Black		MONT	1y 20th 1925	62		YRS	AUNIHS BATS	HOURS	IN.
1	7a 81F	RTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY?	18		9 BALTIMO	RE CITY OR		OF DEATH		
d		ountry) cth Carolina	USA		WIDOWI	D NEVER MARRIED DIVORCED	D - 1	timore	Cit	***		MD.
		TY OR TOWN OF DEATH	11. NAME OF		G HOME (OR OTHER INSTITUTION	120 USUAL	OCCUPATIO	N	126. KIND (F BUSINESS	_
072	Ва	ltimore		HEACILITY, GIVE STREET A		1	(TYPE OF WOR	K FOR MOST OF	WORKING LIFE	E) INDUSTRY		
ø	USUA	L RESIDENCE HE NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		1					
Ď	130 S Md	TATE 136	COUNTY	Balto.	Ν	134 INSIDE CITY LIMITS?	13e STREET			D 1 -	01005	
		THER'S NAME		Dazeo.		15 MOTHER'S MAIDEN NAM		vero	nica	Roads	21225	_
-		Oscar Go	ods	LAST		FIRST	M	MIDDLE		LA	51	
-	16a VA	AS DECEASED EVER IN I		166 SOCIAL SECUI	RITYNO	Savannah 17 INFORMANT	1 110	ADDRES	S	-		_
		ES NO OR UNKNOWN] [1	FYES, GIVE WAR OR DATES)					0				
		no		219-22-6	5485	Jean A. Good	ls 2814	Carv	er Ro	ad	PPROXIMATE INTERVAL	
		18 CAUSE OF DEATH IE PART I. DEATH WAS	Enter only one couse per	line for (a), (b), and	d icut	SE	PSIS			BETWEEN	ONSET AND DEAT	TH
			MEDIATE CAUSE (a)									
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if ony, which ((b) URINARY TRACT INFECTION										
		gave rise to immedicause (a), stating	the DUE TO, OI	R AS A CONSEQUE	NCE OF							
		underlying couse I	lost (c)									
						NOT RELATED TO THE TERM	INAL DISEAS	E OR COND	ITION GIV	EN IN PART I	a	
	CERTIFICATION	ACUTE RE	ENAL FAILU	RE, CIR	RHOS	IS						
1	SA	190 DATE OF OPERATION	N 196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	OPSY?		, WERE FINDI		
7	E	1					YES 🗌	NO		S 🔲	NO [
	l ë	210. ACCIDENT WAS UNDERLY	110110 4		V V5.5	21c HOW INJURY OCCURR	RED (ENTER NA	LTURE OF INJUR	IN ITEM 18 P	ART I OR PART 2]		
4		OR CONTRIBUTING CAUS	SE OF DEATH	M. MONTH DA	YEAR							
ř	MEDICAL	21d. INJURY OCCURRED			- 17	211 LOCATION				COUNTY	STATE	
	¥	WHILE NOT WHILE	(AT HOME STE	EET FACTORY, OFFICE, FA	ARM, ETC]	STREET		CITY OR TOW	/N	COUNTY	STATE	
		220.1 certify that (I) (the	s basnital) attended th	a deceased from		. 19	to			19	that (it (we)	lost
		sow the deceased to	Nive on	19		nd that in (my) (aur) apinion o		ed on the da				
		above, (1) (we) (rlid)	did not) view the body	after deat		DEGREE					SIGNED	_
		20. 310114	91	. (1)		ATTENDING	MEDICAL	STAFF	1	11000	3,0,1,120	
_		22d. PHYSICIAN'S NAME		J. L.		PHYSICIAN [
		1 11-		1 11	m	100N CHUR	CHWHO	SPITA	$^{ m AT}$			
		1 / /	ABO C.	Alm,		BALTIMOR	E, MD	. 212	231			
	1 24	BURIAL, CREMATION, REA	and the second sections of	The second second	NAME OF	CEMETERY OR CREMATORY	23d LOCA	ATION		COUNTY	STATE	
	B	urial	9/18/	BT. PME	Aut	urn Cemetery	We	stport		ltimore		
	24. FL	INERAL C	ANN Y	I King	الم	M. Charles	E REC'D. BY F	REGISTRAR 2	REGIST	RAR'S SIGNA	TURE	

066599

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND CERTIFICATE OF DEATH

2	1.8	FOR STATE REGISTRAR			HEALTH AND MENTAL R	YGIENE REG. NO.				
	1. DEC	GEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MONT	TH DAY YEAR 2b HOUR			
	{TYPE	Robert	H	Brown		9/19/87	M			
	3. SE)	X	4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY				
		M	В		31 1912	75	YRS. MONTHS DAYS HOURS MIN.			
-3	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8	EDXXNEVER MARRIED	BALTIMORE CITY OR CO	OUNTY OF DEATH			
		S.C.	U.S.A.	WIDOW	ED DIVORCED		MD.			
b	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY.		OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY			
		Balto. /	Franci	s Scott	Kev	Retired	Steel			
1	USUA 13a. S	AL RESIDENCE (IF NURSING FOME OF		ENCE BEFORE ADMISSION	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE			
5		14		irners	YES NO K	207 Walnut				
	14. FA	ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN	NAME				
2	2	Henry	Brown	LASI	Emma	WIDDLE	Brown			
-	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SO	CIAL SECURITY NO.	17. INFORMANT	ADDRESS	21222			
4		YES, NO OR UNKNOWN) (IF YES, GIV	TE WAR OR DATES)	10 018	Mrs Ola	Mae Brown 20	07 Walmut Ave.			
		18 CAUSE OF DEATH (Enter or		10 010	<u> </u>	THE DIOWN 21	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	-31	PART I. DEATH WAS CAUSE	D BY.	Carolina .	annat		S. I Wall of the Control of the Cont			
		IMMEDIA	TE CAUSE (o)	C. COLLEGE	- OVER					
	- 3	Conditions, if ony, which (16) My Candid whatten								
		gave rise to immediate cause (a), stating the								
		underlying couse lost.	DUE TO, OR AS A	ONSEGNENCE OF	a Theores	Discis	10415			
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBU		NOT RELATED TO THE TE	RMIN AL DISEASE OR CONDITIC	ON GIVEN IN PART 1(0)			
	20	gur .	generales	aster de	. Dec O con Di	- Husen Te	miam			
	CERTIFICATION	190 DATE OF OPERATION	IN CONDITION FO	R WHICH OPERATION	ON WAS PERFORMED		. IF YES, WERE FINDINGS USED			
2	F					YES IN NOW	CERTIFYING CAUSES OF DEATH? YES \(\begin{align*}			
~		21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR		21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY IN I				
1	AL	OR CONTRIBUTING CAUSE OF DE	AIN .	NTH DAY YEAR						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M. 21e PLACE OF INJU	19 RY	21f LOCATION					
	WE	WHILE NOT WHILE	(AT HOME STREET, FACTO	ORY, OFFICE FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE			
		AT WORK AT WORK	and a second second	ed from Sax	10 84	5.00	F2 C2			
		22a. I certify that (I) (this hospi	C 41. 1	2.5		on death occurred on the date of	nd hour and from the causes stated			
		obove, (I) (we) (did) (did no 22b. SIGNATURE	t) view the body after dec	oth	DEGREE		22c DATE SIGNED			
		THE SIGNATURE T	0 1	100 4 -		MEDICAL STAFF DIRECTOR PHYSICIAN				
_		22d. PHYSICIAN'S NAME (TYPE O	only D.	Macho	220 ADDRESS	DIRECTOR PHYSICIAN	1 1 1 2 2 4			
		Stanley D.	Madison, M	.D.		ark Avenue B	olto Md 01001			
_							alto, Md 21201			
	230 B	BURIAL, CREMATION, REMOVAL UPIAL			CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY			
			9/24/87	Garri	son Vet	Owings				
	24 FL	UNERAL DIRECTOR		ADDRESS			REGISTRAPS SIGNATURE			
	T	ac A Morton	a & Sone]	701 Tann	cens St.	FP 2 3 198/	a Dandern Readalle.			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			FOR STATE	DEPART		ALTH AND MENTA		25	490	
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- 75		T. DE		MIDDLE	1A	0	100	OF DEATH MO		26 HOUR
4 61	1	-	Willie	Ellen	HIS		ROWN	9	4 87	1-13 AM
1	1	3. SE	X	4 RACE	5. DATE OF		6 AGE	IN YEARS LAST BIRTHDA	MONTHS DA	
A 27			temale.	Black	MONTH		54	83	YRS	
2 42	SIX		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8 MARRIED	☐ NEVER MARRIE	9 BALTI	MORE CITY OR C	OUNTY OF DEATH	THE RESERVE
E 22	10		NC	ULSA	WIDOWEL		DO BO	eltimor	e City	MD.
1 11	201	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OTHER INSTITUTIO		AL OCCUPATION		OF BUSINESS OR
1 11/	130		Baltimore	2004 East	31st	Steeet	D.3	Abled		NIA
0 51	27	USU Ila	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		13d INSIDE CITY LIM	AITS2 13. STDE	ET ADDRESS / ZI	P CODE	
る 重量	20		MD	Balto		YES NO [2005	1 E. 31		t 21218
4 12	De	III. FA	THER'S NAME			15 MOTHER'S MAID	ENNAME			
p do	200	1	Samuel	Hars	Lis	Anni	e	MIDDLE	Rull	MCK
1	8		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		17 INFORMANT		ADDRESS	10-11	
	2/	1	YES NO OR JUNKNOWN) (IF YES, GIV	217-24.	-6626	James A	liston a	2004 E.	315+ 3	street
1	ě.		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), as	nd ic					OXIMATE INTERVAL EN ONSET AND DEATH
1 30 5	, and		PART I. DEATH WAS CAUSE	D BY CAUSE (a) renal	fail	ne - C	hronic			
1	dic.		MALDIA	DUE TO, OR AS A CONSEQU						
1 11	num		Conditions, if ony, which	(1b) hypert		e Gard	ià myol	The		34
4 2	1		gave rise to immediate couse to stating the	DUE TO, OR AS A CONSEOL						
5 41	10		underlying cause last.	1	rkns	100			M	any years
* 141	-		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO			IE TERMINAL DISE	ASE OR CONDITE		
P ST	1	NO	dementin		ronde					
1 11	87	D He	190 DATE OF OPERATION	196 CONDITION FOR WHICH			20a A	UTOPSY? 20	b. IF YES, WERE FIN	DINGS USED
75 111	1	CERTIFICA					YES		CERTIFYING CAUS	SES OF DEATH?
the state of the s	m /	CR	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	and the	21c HOW INJURY O	_		ITEM IS PART OF PART	
34 411	14	16370	OR CONTRIBUTING CAUSE OF DEA		AY YEAR					
25 p 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-/	AEDICAL	21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9	M	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE.	FARM ETC)	STREET		CITY OR TOWN	COUNTY	STATE
A P CO	unu u	1		tal) attended the deceased from	1110	10	85 10	919	10 87	, that (li)(we) lost
AP 8 15	=		sow the deceased alive on	8121	1 1			urred on the date of	and hour and from t	
A GO CO	E		obave (11) wel (did (did no	view the bady after death.		EGREE				TE SIGNED
0 2 5 5 6	-		12 1	1. +	M	ATTEND	ING MEDIC	AL STAFF		1
d diameter	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		22d. PHYSICIAN'S NAME (TYPE O	D D D D D D D D D D D D D D D D D D D	/-(22e ADDRESS	CIAN DIRECT	OR PHYSICIAN		4/87
HOSP FUNE FUNE	RT /		0 . /				11.1		B	4- 11212
TO HOSPITAL retoined b 11 TO FUNER AL should be unit	W W			rtter		3400 N			e 104 Ma	Ho, Ad 21218
		23a. l	SPECIFY)			METERY OR CREMA		CATION CITY OR TOWN	COUNTY	STATE
BP	-	24.5	BURIAL	9/11/87 04	K GROV	E CHURCH		LIFAX CO		NC
DHMH - 16 60/		74 F	JNERAL DIRECTOR	ADDRESS			OFDO O	A REGISTRANIA	REGISTRAR'S SIGN	fordess
(VRA 15,	4)	W	M. C. MARCH F/H	. INC. 1101 E.	NORTH	AVENUE	SEPU 9	THE JUNE	Mr. Branch Edition	

	I 1	tem #8, G-634 F.H., 12/3/8	by M B7, Gbj					1 2	5 %	9
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ge 4 may ector. po	3. SEX	Male	1. RACE BI	ack	5. DATE O	DAY	YEAR .	6 AGE IIN YEARS LAST B	IRTHDAYJ	MONTHS DAY
nerol dir n 72 hou		RTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	8. MARRIED WIDOWEI	D NEVER M	ARRIED ORCED	9 BALTIMORE CITY	COUNTY	
softer d	B	altmore, MD	Bultin	HOSPITAL, NURSIN CHFACILITY, GIVE STREET ONE VETER	S Adm	och Ra	ven	120 USUAL OCCUPATION OF MOST		12b. KINE INDUSTE
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More Pages		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN)	MED FORCES? VE WAR OR DATES)	166 SOCIAL SECU		Wilson		ADDR	3674	Form
eath certificate trending physicic ve carbon paper lan, or removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which	TE CAUSE (a) DUE TO, C	r line far (a), (b), and Card (a)	espi	rator	Fa	lure		APPR BETWEE 2.0
or w. PRE		gave rise to immediate cause (a), stating the underlying cause last.		Pageno						7
ORDS, 72	NOIT	PART 2 OTHER SIGNIFICANT	Heart	Failure,	Aort	ric Valv	e Dise	ease, biab	etes	
AL WALLES	CERTIFICAT	190 DATE OF OPERATION 9/4/87 - 9/10/8-	GI B	leeding /		tanotic	Leak	YES NO	IN CERTII	S, WERE FINI FYING CAUS ES
Sician Marian Ma		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	AIN	DE INJURY ,M. MONTH D/ .M.	YEAR			ED (ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2
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At OR A Mark Not At DIRECTOR AND DIRECTOR AND THE NOTE DEPT.		27b. SIGNATURE	-8-1	01:	4		ITENDING HYSICIAN	MEDICAL STA		22c. DA
d by de		22d. PHYSICIAN'S NAME (TYPE	A 7	Drebin		22e ADDRESS	of Sura	ers John H	ophias	Horata

9/22/87

Wm. C. March F/H West 4300 Wabash Avenue

GIVEN IN PART 110 YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES 🗍 18 PART I OR PART 2) COUNTY STATE haur and from the causes stated 22c. DATE SIGNED 23d LOCATION
CITYORTOWN
Baltimore 23c NAME OF CEMETERY OR CREMATORY STATE Woodlawn Cemetery Md SEP 2 1 1987

26 HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER TYEAR

INDUSTRY

20

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

23e BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

(VRA 15, 4)

A transfer of the second

92.15

on America

BP

DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR STATE	TD A D			DEPART		IEALTH AND M) 4	7 3	
4	3 87REGIS								REG.			
ı	TYPE OR PRINT		EIRST		MIDDLE	0	LAST		20 DATE OF DEATH	-	DAY YEAR	26 HOUR
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ŀ	70 BIRTHPLA		_	CITIZENIOE	WHAT COUNTRY?	8	19-19	0_	9 BALTIMORE CITY	OR COUNTY	OFDEATH	
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ł	Dull	TMORE		Raza s	Se cintil PS	Hos	SPITAL		Jacker	Or WORKING EII	200	an Tacky
t		DENCE (IF NUR			GIVE RESIDENCE BEFOR	100	1				70,2	
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Ĥ	OR CO	NTRIBUTING [CAUSE OF DEAT		M. MONTH D	19						
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ı		NOTW	WHILE [(AT HOME, ST	REET, FACTORY, OFFICE.	FARM ETC 1	STREET		CITY OR	OWN	COUNTY	STATE
ı	AT WOR	R AT W	_	1 1		6.	22-87		0-2	,	67	
١		certity that () we the decea	1		e deceased from.	FI		. 19		11		that (I) (well last
١	of	bove, (I) (we)	(co (did not)	view the body			-	our opinion d	eath occurred on the	date and hou		
1	22b. S1	IGNATURE	11	11/1	4		DEGREE				22c. DATE	SIGNED
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4	22. 00.000	5/	anie	444			1 3001					
	(JOSE NURIAL	CREMATION	REMOVAL	P-2 1	1987 0	NAME OF C	CEMETERY OR CI	REMATORY	23d LOCATION		COUNTY	O STATE A
	Kur	sal		15	5 30	in /	men to	18	Den Du	me	4.4.	00- lef.
	24 FUNERA	DIRECTOR	,	(Sal	B - Magl -	212	23	250 DOT	PE 285 RE1087	R 256 REGIS	TRANSSIGNA	10
	Heart	Como	245/	n du	. 901 24	elm	a St.	0.		0	Po-11-1-00-144	demonate .

FOR

STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5494

	-	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO).		
22	87	CEASED NAME	FIRST		AIDDLE	l	AST		MONIH	DAY YEAR	26 HOUR
		J€	esse	Leonard	Bull			September	- /	1987	A _M
H	3. SE	Male		4 RACE White		S. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	HOURS MIN.
4		RTHPLACE (STATE OF F		76 CITIZEN OF V	WHAT COUNTR	Y2 18	D X NEVER MARRIED	9 BALTIMORE CITY OF	-	e City	MD.
0		Baltimore	тн		HOSPITAL, NURS HEAGILITY, GIVE STRI NEWPOR		DR OTHER INSTITUTION	120 USUAL OCCUPATK LTYPE OF WORK FOR MOST OF Machinist			of Business Or istry
5	Mar	ryland	13b COUN		Baltim		13d. INSIDE CITY LIMITS?	13. SIREET ADDRESS / 4411 Newp	orto	Ävenue	21211
0	14 FA	Jesse		Bull	LAST		Edna Pea	rl Caltrid		LA.	ST
		VAS DECEASED EVER YES NO OR UNKNOWN) Yes		E WAR OR DATES	166 SOCIAL SE 213 03		Sarah Bull	addre S	ame		
		PART I. DEATH W	AS CAUSE	ly one couse per D BY: E CAUSE (o)	line for (o), (b),		ac arrest			SX PI	VECT IN 5 EE
		Conditions, if ony, gave rise to imm couse 101, stotin underlying couse	nediate g the	(b)_	R AS A CONSEC	ouar	y art. S	d. augin	Ject	ent's 8 %	ears.
	CERTIFICATION	PART 2 OTHER SIGN	epl	vosil	erosis	5- A7	NOT RELATED TO THE TERM 2012/11 CT	INAL DISEASE OR COND		ES, WERE FINDI	
7	RTIFIC							YES NO		IFYING CAUSE:	S OF DEATH?
7	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AL EXAMINER	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART (OR PART 2)	
1	MED	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE	21e PLACE (OF INJURY EET, FACTORY OFFIC	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) sow the decease above, (1) (***) (c				87.6	nd that in (my) (aut) opinion of	deoth occurred on the do	te ond ho		that (I) (we) lost e couses stated
		Keu 224 PHYSICIAN'S NA	not!	R PRINTI	evitz	mD.	ATTENDING .	MEDICAL STAF	F IAN 🗌	9/	18 87
		Dr. Kenne					7538 Holabin		Balti	more, M	D 21222
	F	BURIAL, CREMATION,	REMOVAL	09/19/			EMETERY OR CREMATORY Ridge Cemetery				
4		uneral director ungëë-Henss	Fune	eral Hom	e Balt	imore,		P21 1987	1 .	Deorder .	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is

06	7	17	6	SEP
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	*	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deam certificate be executed within 24 hours are math. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the orthodogo physican and completely filled in by the nest of director, page 3 should be detached for use as the busiol-transit permit. Then please remove corbanogoess. Pages I and 2 should be little min. 72 hours ofter death T	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, on affectal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner mustice activities of once

STATE OF MARYLAND OF DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		1-	FOR STATE	DEPAR		LTH AND MENTAL HY	GIENE			
176	SEP 3	0.0	REGISTRAR			AIL OI DEATH	REG. NO			
110	OLI C		EASED NAME FIRST	MIDDLE	LAST	11000	2a. DATE OF DEATH	MONTH DAY	YEAR 26 H	OUR
poge 3			SEVE KI	UUI	BUI	NDICK		9 28	8 4 60) AM
4 may		3. SE		4. RACE	5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BIR			DER 24 HRS
cto,			Male	White	MONTH	IC IZAR	73	YRS.	HS DAYS HOUR	KS MIN
Pag dire	6 6		RTHPLACE STATE OF FOREIGN	TE CITIZEN OF WHAT COUNTRY	? 8		9 BALTIMORE CITY O		DEATH	
oth.	opice		COUNTRY	11.(A		NEVER MARRIED	D-741	~		
1 1	o p	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	WIDOWED [Baltimor	e City	16 KIND OF BUS	MD.
A ST	43		BALTIMORE	OUTH BALL	65N	. HOSP,	Ret Maint	enance	Provid	lent
2 5	1000	13a. S	AL RESIDENCE LIF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFO		Id. INSIDE CITY LIMITS?	13e STREET ADDRESS	7IP CODE	Balto.N	Id.
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tely 2 sh	ine	14. FA	THER'S NAME		15	MOTHER'S MAIDEN NA				
ond 2	1 20	1/- 1	SEVERN.	S. BUNDI wed forces? 1166 SOCIAL SEC	URITY NO. 1	Marcy)	B.	Cran	flor.	
ond oges	medico			217-01	1167		70000	~		
S. P	4/			-11-01	140111	Mrs.Mary I	Bundick,	Same as	above	
tificote physic npope	atic event, w		18. CAUSE OF DEATH (Enter onl	y one couse per line for (o), (b), c	and (ci.)	1,			APPROXIMATE IN	ND DEATH
1 1 1 2 6	ever			E CAUSE (0) KESD	irator	y daile	e			
de d	offic			DUE TO, OR AS A CONSEO	UENCE OF		10-1-1-1			
deg	- E		Conditions, if ony, which	4	latic	lung C	ARCINO	NA		
he o	r trè		gove rise to immediate couse (a), stating the	DUE TO OR AS A SOMETO	UENICE OF		*			
thot t	iol, cremote or other tro		underlying couse lost.	DUE TO, OR AS A CONSEO	ella	pneun	LONIT	-		1011
gne o pl	ry, o	-	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NO	RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN I	PART Ito	
equ The	in ju	CERTIFICATION	Chrone 1	obsmeto.	men	word of	Wease			
bee mut.	ony	A	190 DATE OF OPERATION	196 CONDITION FOR WHI	HOPERATION	WAS PERFORMED	20a AUTOPSY?		RE FINDINGS U	
he le bos hos	S S	Ē					YES TI NOT	YES	CAUSES OF DE	AIH?
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Phy phy trific	Hem I		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR					
rSIC ling cer	or He	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	II. LOCATION				
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NG of the	sh o		AT WORK AT WORK			9/11	1 -/	2 6	9 1	
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Piper Porto	of 1		sow the deceosed olive on obove, (I) (we) (did) (did not	view the body offer death.	ond .	that in (my) (our) opinion	death occurred on the de	ote and hour one	from the couses	stated
OR A e hos DIREC	tem		226. SIGNATURE	1 00	DE	GREE		2-1-1-1	224 DATE SIGNE	P
_ 0			Michigal	MON. VIND		ATTENDING PHYSICIAN	MEDICAL STAI		9/28-1	1+
			22d. PHYSICIAN'S NAME (TYPE OF	PRINT)	12	Ze ADDRESS	_ DIRECTOR _ THISIC		11 1	1
TO HOSPITAL retoined by the TO FUNERAL should be det	with the Stote		MICHAE	CAZAS/		300/S	HANOVES	R S	T. Bt	127. MD
or Te	3 <	23a l	SURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEM	NETERY OR CREMATORY	23d LOCATION			
BP			Burial	10/1/1987 G	len Ha	ven Mem.Pa	Glen B	urnie,	A.A.Co.	.Md.
DHMH 14 11	014 7 /04	24 FI	INERAL DIRECTOR Ba	lto.Md.2123Q		25a DA	P 2 9 1987	256. REGISTRAR	SSIGNATURE	
OHMH - 16 60 (VRA 15,		Me	Cully Funera	1 Home 130 F	Fort	ATTO SE	P 4 9 1987	mus Da	ordern. Rang	dass
,		44	T WIICI a	T OUICE I JO II	O L U L U	AVC		Y		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 5

61	-04								REG. INC	<i>/</i> .			
		CEASED NAME	FIRST		MIDDLE	1	AST		20 DATE OF DEATH	MONTH [DAY YEAR	26 HOUR	?
		H	ARRY		G	BUR	6855		9/17/8	7		180	PM
	1.5EX			4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 2	24 HRS
8	M	ale		White		Ĵul	y 20°, 192	4"	63	YRS.	AONTHS DATS	HOURS	MIN.
1		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER MARR	IED []	9. BALTIMORE CITY OF	COUNTY	OF DEATH		197
2		Maryland		USA		WIDOWE			Baltim	020 (74		MD.
1	0. CI	TY OR TOWN OF DEA	TH /		HOSPITAL, NURSIN		OR OTHER INSTITUT	ION	120 OSUAL OCCUPATIO	JIN	125 KIND OF	BUSINES	SS OR
2	В	altimore			ran Med:		Center		Retired	WORKING [IFI	Beth.	Stee	el
1	13a. S	L RESIDENCE (IF NURS	Bb COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)		wirea 1	12. STOSET ADDOSES /	710 0000			
5		aryland		timore	Timon:	ium	13d. INSIDE CITY LI	XIIS?	31 North	wood I	or. 2109	33	
7	14 FA	THER'S NAME					15. MOTHER'S MA						
2	/	George		MIDDLE	Burges	S	EÏÎe	en	WIDDLE		Doc	d	
h		AS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	URITY NO.	17. INFORMANT		ADDRE	SS			_
1	IY	Yes	IF YES GIV	EWAR OR DATES)	2181241	.36	Debra J.	Burg	gess 5020 O	ld Co	urt Road	1 211	133
		18 CAUSE OF DEAT	H (Enter on	ly one course per	line for (a) (b) or	nd (c)					APPROXIM BETWEEN OF	ATE INTERV	/AL
9		PART I. DEATH W	AS CAUSE	D BY:	(ARD	_ /	211. 110.10	ADV	An 101	757		MITE	
		WW.DIAL CASE (6)										- u y c	-
		C die		DUE TO, O	R AS A CONSEQU		11.12	- 1					
1		Conditions, if ony, gave rise to imn	which nediate	(b)		C	IUKNOW	A.					_
		couse (a), statin underlying cause	g the	DUE TO, O	R AS A CONSEQU	ENCE OF							
		(c)											
1	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN											
-	O.	A DATE OF ODERA	1001	Tim cove	TION LEGG MANGE				In autonova	I BALL IF WEG	WERE EN IR HIL		
1	CERTIFICATION	190 DATE OF OPERAT	ION	140 COND	ITION FOR WHICH)	206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
	RTI	210. ACCIDENT WAS UND	ERIVING F	1 216. TIME C	SE INTITION		Til. HOW MILITIN	OCCUPAT	YES NO	YES		NO 🗌	
1		OR CONTRIBUTING			M. MONTH D	AY YEAR	ZICHOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 P	ART I OR PART 2)		
7	CA	(IF EITHER NOTIFY MEDIC			M.	19						15	
	MEDICAL	21d INJURY OCCURE		21e PLACE	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC)	ZII LOCATION		CITY OR TOV	M	COUNTY	517	ATE
		AT WORK AT WOL	RK L				ALC: NO						
-		220.1 certify that (1) saw the decease abave, (1)	this hospi	tal) ottended th	e deceosed from	ept.		87	Sept.	1/		not (I) X	
		saw the decease	d alive on	Sept.	after death	.01	that in (my) (for)	opinian de	eoth occurred on the do	te and hour	and from the co	ouses stat	ted
		77h SIGNATURE	1	11/	7/ -	1/	DEGREE				726 DATES	IGNED	
		Alex	. l	17	Kenni	LA		IDING	MEDICAL STAF		2/2	171	100
		726. PHYSICIAN'S NA	ME TYPE O	R PRINT		- / /	77e ADDRESS	ICIAIT [DIRECTOR PHISIC	A11 (1)	1		07
		DONALD		1 K.	water 1	10							
	23a B	URIAL, CREMATION,		23b. DATE	23c	NAME OF C	EMETERY OR CREM	ATORY	1234 LOCATION				
		Burial					on Forest			ore M	ayyland	STA	ATE
	24 FU	INERAL DIRECTOR	da-D									RW)	- 4 6
		NAME DC	122 147	co Avo	Dundalk	- MD	21222	SE	P 21 1987	notes	Deviden	· Kand	a.C.Ob
			144 AA"	DE AVE.	PULICULA	,		V.	1 4 - 1001	U			

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDOLE 20 DATE OF DEATH (TYPE OR PRINT) CIPRIAN **CEPHUS** BURKE 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 09 MALE BLACK 78 To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? JAMA ICA NEVER MARRIED MARRIED CITY WIDOWED (TYPE OF WORK FOR MOST OF WORKING LIFE BALTIMORE SINAI HOSPITAI RETIRED LIF NURSING HOME OR OTHER INSTITUTION 130 STATE 13b COUNTY CITY OR TOWN MARYLAND BALTIMORE YES XX 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME BURKE SONNY MIDDLE SARAH ADDRESS BALTIMORE, 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Poges (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES! CHART NO 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying lost. couse CERTIFICATION 0 200 AUTOPSY? 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 0 ä per and Mental Hygiene NO burial-transit 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21e. PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED marked ar (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE AT WORK of Heolth 22a I certify that (I) (this haspital) attended the deceased from sow the deceased alive on. above, (I) (we) (did not) view the body after death DIRECT should be detached with the State Dept. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN + 20 FUNERAL MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 0

DHMH - 16 50M 1/76

(VR A 15 (4))

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [(ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (ARP) opinion death occurred on the date and hour and from the causes stated 3640 PUTOS LONE BOND -0212/5 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE CITY OR TOWN BURIAL 9-23-87 ZION CEMT. BALTIMORE MARYLAND SEP 2 2 1987 THE SEP 2 2 1987 24 FUNERAL DIRECTOR PHILLIPS 1721 N. MONROE

YEAR

126 KIND OF BUSINESS OR

IF UNDER I YEAR DAYS

UNKNOWN

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2.

TO FUNERAL DRECTOR, should be detached for use with the State Dept. of Hea WADGEANT, if Item 21 n m.

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND & DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	REG	ISTRAR				CEKITE	ICATE OF DEAT	н	REG.	NO.		1		
1	I. DECEASE		FIRST	-	MIDDLE	ı	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOL	JR
1	(TYPE OR PRIN	«T)	ROSE	Eve		BURM	MEISTER			09	11	87	7:	00ª
1	3. SEX			4. RACE		5. DATE C	OF BIRTH		AGE (IN YEARS LAST	BIRTHDAY)	IF UNE	DERIVEAR	IF UNDER	
		nale		Whit	e	Decen	ber 19, 1	905	81	YRS	MONTH	S DATS	HOURS	MIN.
1	7a. BIRTHPL	ACE (STATE C	OR FOREIGN		WHAT COUNTRY	? B	D NEVER MARR	IED 🗍	BALTIMORE CITY	OR COUN	TY OF D	EATH		
	-	iryland		USA		WIDOWE	DIX DIVORC	ED 🗆	Baltim					MD.
1	Bal	town of D Ltimore	9	Churc	h Hospit	al ADDRESS)	OR OTHER INSTITUT	ION	LYPE OF WORK FOR MOS Housewife		S LIFE) 121	WN H	Home	ESS OR
	Mar Mar	ryland	Ba I t	other institution ity :Imore	GIVE RESIDENCE BEFO 13c. CITY OR TOV Edgen	re admission) WN Ere	134 INSIDE CITY LI		3. STREET ADDRES	s / ZIP CC enton	Ave.	. 21	219	
3	FATHER'	s NAME Tharles	5	WIDDLE	Graham	ı	Laura		MIDDLE		Ge	ephar	dt	
-	Ida WAS DI	ECEASED EVE		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT			RESS				
4	NC	SR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	214-54-	4713	George	E. A	llen 801 S	Scott	Circ	cle	2106	1
	Can- gav.	AUSE OF DEA ART I. DEATH ditions, if or e rise to in se (a), sto erlying cou	MAS CAUSE IMMEDIAT my, which mmediate iting the	D BY: TE CAUSE (a) DUE TO, O	r as a consequ CHR	PIRAT	OBSTRUC	rIVE	LUNG DI	SEAS	E	BETWEEN	MATE INTE	DEATH
	PART	2 OTHER SI	GNIFICANT (ONTRIBUTING TO	DEATH BUT	E SMOKI	HE TERMIN		NOITION (GIVEN IN	PART 1	0	==
1	190 D	ATE OF OPER NON:	RATION				cicular of the second of the s		200 AUTOPSY? YES \(\text{NO} \(\text{NO} \)	IN CER	YES, WEI	RE FINDING CAUSES	NGS USE OF DEA	TH?
	OR CC (IF E 21d, 11 WM MAT WO	ONTRIBUTING EITHER NOTIFY ME NJURY OCCU	WHILE OF THE OF T	21e PLACE (AT HOME STE	M. MONTH (M. OF INJURY OF INJURY EEET, FACTORY, OFFICE e deceased from 19 ofter death.	19 FARM ETC) 9/9 87, qu	211 LOCATION STREET . 15 nd that in (my) our) DEGREE ATTEN PHYS 22e ADDRESS	opinion de	CITY OF D. to 9/10 coth occurred on the	town date and t	C C	87 from the 221 DATE	the (II) causes st SIGNED	7_
	23e BURIAL	L, CREMATIO	N, REMOVAL			NAME OF C	EMETERY OR CREM		23d LOCATION					
	(SPECIFY	rial		9-13-	87	Oak I	awn		Baltir	more N	lary]	land		STATE
	24 FUNERA	AL DIRECTOR	Duda-	-Ruck Fu		me of	Dundalk	SEP	1 5 1987	AR 25h REG	ISTRAR'S	SIGNAL	Kanda	AA.
			19//	MISE A		7.17								

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SEP

neral director page 3 in 72 hours after death

STATE OF MARYLAND FOR STATE CEDTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10	REGISTRAR		CEP	CIFICATE OF DEATH	REG. N	10.	
	PE OR PRINTI	FIRST	WIDDLE	LAST	20 DATE OF DEATH		EAR 26 HOUR 9:04 F
		John		Butchko		9 5 8	7 21:Q8M
3. S	EX	4 RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST BI		DAYS HOURS MIN.
١	M		\sim	1 27 08	79	YRS	
70	BIRTHPLACE (STATE OR FO	DREIGN 76 CITIZEN O	F WHAT COUNTRY?	RRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	TH
7	Maryland	1	TCA	OWED DIVORCED	Baltim	ione Cit) MD
10	CITY OR TOWN OF DEAT		F HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	12a USUAL OCCUPAT	TION 12b K OF WORKING LIFET INDU	OF BUSINESS OR
	Baltimore		Key Hospit		Operator		dard Oil Co
130	UAL RESIDENCE HE NURSH STATE Mary land	COUNTY Baltimore	136. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	21222
2 15	FATHER'S NAME			15. MOTHER'S MAIDEN NA			
12	Joseph	MIDDLE	Butchko	? FIRST	WIDDLE	Ma	ttoch
160	WAS DECEASED EVER I			O. 17 INFORMANT	ADDR	RESS	
	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	174 01 2830	Mrs Anna But	chko 1817 V	Walnut Ave	. Balto Md
F	7	(Enter only one couse p	er line for (g), (b), and (c),				APPROXIMATE INTERVAL
ш	PART I. DEATH WA	AS CAUSED BY IMMEDIATE CAUSE (a)_	Cardional	monary Ar	rest		
			OR AS A CONSEQUENCE	0.5			
	Canditions, if any,		OR AS A CONSEQUENCE	or -			
	gave rise to imm cause (a), stating	ediote)	OR AS A CONSEQUENCE	O.E.			
	underlying cause	last.	OR AS A CONSCOUENCE	OF .			
П	PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COM	NDITION GIVEN IN PA	ART 10
O N	Endoc	anditis					
CERTIFICATION	190 DATE OF OPERAT	ION 196. CON	DITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE I	FINDINGS USED AUSES OF DEATH?
A E					YES NO	YES 🗌	NO 🗌
A A	21a. ACCIDENT WAS UND	- 1.0.00	OF INJURY A.M. MONTH DAY Y	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	TURY IN ITEM TO PART I OR P	ART 2)
14	OR CONTRIBUTING C.	AUSE OF DEATH	P.M.	19			
MEDICAL	21d INJURY OCCURR		E OF INJURY STREET, FACTORY, OFFICE, FARM, ET	211 LOCATION	CITY OR T	OWN COUR	NTY STATE
>	WHILE NOT WHE	LE 31	STREET, FREIGHT, GETTEE, TARM, ET				
	22a.1 certify that (1)	(this hospital) attended	the deceased from	, 19	, to	. 19	, that (we) lost
	saw the deceose above, (I) (we) (d	d alive on id) (did not) view the ba	dy after death.	_, and that in (my) (aur) apinion	death occurred on the	date and hour and fro	im the causes stated
	22b. SIGNATUR	1 mx	4/1/10	DEGREE	WEDICAL ST		DATE SIGNED
	C444	11/10	00/0	ATTENDING PHYSICIAN [AFF ICIAN SC	
7	274 BARRICIANSNA	ME (TYPE PENE)	01 1 00	22e ADDRESS	(111.	·~ 1	11
	Clitto	nd S. M	Itchell	Francis	SCOTT KE	y Med.	CAr.
230	BURIAL, CREMATION,			OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
L	Burial	9/9/	87 Sacre	d Heart	Baltimo	re	Md
24	FUNERAL DIRECTOR		ADDRESS		TE REC'D_BY REGISTRA	R 251 REGISTOLR SI	GN
	Walter Dal	prowski 10	05 Dundalk Av	enue SE	A POL	0	1

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

retained by the hospital or ottending physician.

BP.

injury, or other troumatic event, the

IMPORTANT: If Nem 21 is morked or Item 18 shows ony

Au some		page 1		aryland
erator Stadard Cil Co	g0	Ley Lospital		Hilimore
17 .alcut Avenue 21222	× 18		- Saltimore	aryland
Mattoch		Butchko		Joseph
o 1817 aditut ave. salto, 3d 22	rs Anna Butchk	174 11 2830		o i

Surial 9/9/87 Sucrediments baltimore

alter Dabrowski 1005 bundalk Avenue

MPORTANT, IF IN

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

65097

SEP 1

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ha.	REGISTRAR		CERTIFICATE	OI DEATH	REG. NO.		
	ECEASED NAME FIRST	MIDDLE	IAST	THE POL	10.0	ONTH DAY YEAR	2b HOUR
- Gr	Elmi	01.	R. Ho	1	SEPT	1,1987	7
1.58		4 RACE	5. DATE OF BIRTH	¥	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER : YEAR	-
	Male	Black	MONTH 2	9 31	55	MONTHS DAYS	MOURS MIN.
To 5		Th. CITIZEN OF WHAT COUNTRY	? 8	VER MARRIED	9 BALTIMORE CITY OR		
6	Altimore md	4.5,A1	WIDOWED	DIVORCED	BALTIMO		Y MD.
1	BALTIMORE	IT. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	E41515	INSTITUTION	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V UNEMPLOY		OF BUSINESS OR
ille.		TY 13t. CITY OR TO	MORE YES D		13e STREET ADDRESS / 1	ZIP CODE	2/2/8
1)	Joseph M	nock But	ter	HER'S MAIDEN NAM	MIDDLE	John:	Son
	WAS DECEASED EVER IN U.S. ARE	WAR OR DATES) 166 SOCIAL SEC 212-26-		Dom n 6/9	ADDRES ADDRES	5 11 En:	o A
-			VIII		THE STATE OF THE S	APPRO	XIMATE INTERVAL N ONSET AND DEATH
	PART I. DEATH WAS CAUSED					BETWEEN	N ONSET AND DEATH
	IMMEDIAT	E CAUSE (a) LIMENT	erc.				
	THE STREET	DUE TO, OR AS A CONSEQUE	UENCE OF		1 +	n'e at	lint
	Canditians, if any, which	(1b) Insule	n depens	lent dear	betos mell	ites 4	ys.
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	UENCE OF .				
	underlying cause last.	1 chron	ic alcoh	oliom			
-5.	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RE	ATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART I	la.
Š	Hypertensión	1, perishent new	ropathy, 9	out, ch	unic penic	reatits	
X	190 DATE OF OPERATION	196 CONDITION FOR WHIC			200 AUTOPSY?	206 IF YES, WERE FIND	INGS USED
Ĕ	_				YES NO	IN CERTIFYING CAUSE YES	NO T
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HC	W INJURY OCCURR	ED (ENTER NATURE OF INJURY		
11072	OR CONTRIBUTING CAUSE OF DEA	III	DAY YEAR				
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19	CATION			
MEG	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		STREET	CITY OR TOW	N COUNTY	STATE
	22a.f certify that (I) (this haspit	al) attended the deceased fram	July 16	19 87	to July 31	19.87	, that (I) (we) last
	saw the deceased alive an.	July 31 19	6 7		death occurred an the date	e and haur and from th	
	abave, (I) (we) (did) (did not 22h SIGNATURE) view the bady after death.	DEGREE			122. DAT	E SIGNED
	/////	7 0 00	mo	ATTENDING	MEDICAL STAFF	- /	107
		as ling Chon		PHYSICIAN 🔀	DIRECTOR PHYSICIA		181
	ROBERT T	AO-PING CH	DW 22e AD	MAN PARK	HEALTH CE	NTER, 3100	WYMAN PARK DR
73a	BURIAL, CREMATION, REMOVAL	23b DATE 234	NAME OF CEMETER		23d LOCATION	COMNIY	STATE A
	BuriAl	7-5-8/ 101	Wrison Fo	rast la Ge	m 138/10	1 601	Trave
24. 1	UNERAL DIRECTOR			Ste PAT	REC'D. BY REGISTRAR 2	SE REGISTRAR'S STONE	AUR.
	osenh L. Ps	155 2232 ADDISS	North	GUE PEPL	1981 APPLE	Section of .	
	100	- 0000 W	11/1/1/1///	7			

		BEGISTRAR CEASED NAME FIRST	WICOLE	LAST		REG. N	MONTH DA	Y YEAR	26 HOUR
deoth	(TYPE	Thoma	as	Butl	er		9 2	4 = 37	11:00a
od de de	3. SE		4 RACE	5. DATE OF BI	RTH	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
rctor Is offi		Male	Black	0	9 °28 11	75	YRS.	NIHS DAYS	HOURS MIN.
51 HT		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	/? 8	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY O	FDEATH	= " = 1
1 /1		shington, DC	USA	WIDOWED	DIVORCED [Baltimo			MD
90		TY OR TOWN OF DEATH Litimore City	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Century Hon	ET ADDRESS]	THER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Machine (F WORKING LIFE)	INDUSTRY	Star
and be	130 5	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUNTY)	OTHER INSTITUTION GIVE RESIDENCE BEFO TY 130 CITY OR TO Baltin	WN 113d	INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE	ETv 2	1218
- June		THER'S NAME	AIDDLE LAST	15.	MOTHER'S MAIDEN NA	ME			
o vox	Th	THOMAS	BUTLE	R	LOUISE	WIDDLE		ŁA5	
ges	160 V	VAS DECEASED EVER IN U.S. ARA	WAR OR DATES)		INFORMANT	ADDRI	ESS		
E		Yes (IF YES, GIVE	218-01-	5625 L	ee Brown,	1134 E. 2	20th S		21218
it, th		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one cause per line far (a), (b), o	and ich	^			BETWEEN	MATE INTERVAL ONSET AND DEATH
ever			CAUSE (a)	ond	10 Mulma	non and	AT		
or o			DUE TO, OR AS A CONSEO	UENCE OF _					
otion, or traumotic		Conditions, if ony, which	(6)	15	Chomic	rear du	200		
		gave rise to immediate cause ta, stoting the	DUE TO, OR AS A CONSEQ	UENCE OF A	^	L.F. EAR			
I, crem		underlying cause lost.	(6)	{,	hlenco sch	ver condra	Varieted	les.	
to burio	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 11	0
ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION W	'AS PERFORMED	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	NGS USED
w w	TIFIC					YES NOT	IN CERTIFYII		OF DEATH?
Hyg.	CER	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21	. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM IS PAR	I OR PART 2)	
		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR					
atom of the	2	21d. INJURY OCCURRED	21e PLACE OF INJURY	211	LOCATION	CITY OR TO	WN	COUNTY	STATE
or Hem 18 shows	ED		(AT HOME STREET, FACTORY, OFFICE	E FARM ETC)	SIKEEI	CHIONIO			STATE
s the burial-try ond Mentol F	MEDICAL	AT WORK NOT WHILE							
se as the burial-try eoith and Mental k marked or Item 1	MED	WHILE AT WORK 220-1 certify that (1) (this hospit	ol) ottended the deceased from	5-1	- 1986	. to C1 - 's	1- 19	XZ	that (I) (we) last
for use as the burgarity of Health and Mental It	MEDI	220.1 certify that (1) (this hospit	CY - 2 11- 19	0 =	at in (my] (our) opinion (to C1 - 'e	19 ate and hour o	,	that (I) (we) last couses stated
of Heolth and	MEDI	220.1 certify that (I) (this hospit	CY - 2 11- 19	0 =		, to and the death occurred an the de	ate and hour a	,	couses stated
Sept. of Health and Item 21 is marked a	MEDI	220.1 certify that (1) (this hospit sow the deceased alive on above, (1) (war alid) (did not	CY - 2 11- 19	87, and th	REE ATTENDING _	MEDICAL STA	FF	nd from the	couses stated
ched for use as the Dept. of Heolth and Item 21 is marked a	MEDI	22a.1 certify that (1) (this hospit sow the deceosed alive on above, (1) (was which (dich eat 22b. SIGNATURE) view the body offer death.	R 7 , and the	REE ATTENDING _	MEDICAL STA	FF IAN [nd from the	couses stated
Dept. of Health and	MEDI	22a.1 certify that (1) (this hospit sow the deceosed alive on above, (1) (was which (dich eat 22b. SIGNATURE	view the body ofter death.	R 7 , and the	REE ATTENDING PHYSICIAN E	MEDICAL STA FDIRECTOR PHYSIC	FF IAN []	224 DATE	couses stated
ched for use as the Dept. of Health and Item 21 is marked a	23a. E	220. I certify that (I) (this hospit sow the deceased alive on above, (I) (was relied) (dichool 22b. SIGNATURE 22d PHYSICIAN'S NAME [1992 OF NAME]) view the body offer death. PRINT! AIR, MD	DEG	REE ATTENDING PHYSICIAN E	MEDICAL STA POIRECTOR PHYSIC S JORK R	e MO	220 DATE	couses stated SIGNED - 25 8
DIRECTOR: After the looked for use as the second for use as the second for the look and liften 21 is marked as	23a. E	27a. certify that (I) (this hospit sow the deceased olive on obove, (I) (was relied) (classical 27b. SIGNATURE	PRINT: R MD 236. DATE 236. DATE 237. DATE 236. DATE	DEG 221	ATTENDING PHYSICIAN E ADDRESS 50 1 C	MEDICAL STA FOIRECTOR PHYSIC S A CT I MCR 13 A LOCATION	EIAN D	224 DATE	couses stated SIGNED - 25 8
DIRECTOR: After the ched for use as the Jept. of Health and Hemiltonian Hem 21 is marked of	23a. E	270. I certify that (I) (this hospit sow the deceased olive on obove, (I) (was relied) (classical 226. SIGNATURE 272d PHYSICIAN'S NAME TYPE OF OUR ORDER OF THE OWNER	PRINT) A IR, MD 23b. DATE 23c.	DEG 222	ATTENDING PHYSICIAN E ADDRESS STOLE TERY OR CREMATORY RIAL PARK	MEDICAL STA POIRECTOR PHYSIC S JORK R	ETAN D C MO	272 DATE	SIGNED - 25 8



STATE OF MARYLAND B DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 DE	EASED NAME FIRST	MIDDLE	IASI	20 DATE OF DEATH MONTH	DAY YEAR 126 HOUR
ay be age 3 death		TIMOTHY	Most	EVERE	a DATE OF DEATH	17 97 17550
pod	3 SE)		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
s offe		MAIF	NEGRO Z	MONTHY DAY YEAR	37 yr	MONINS BATS HOURS MIN.
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4 00 00	Y	Paruland	U.S	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	City
1 11 17	10, CI	TY OR TOWN OF DEATH / 11	NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
1 /3 %		Bulto 1:	SETON HILL	MANUL	We dec	Construction
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orbo or in		IMMEDIATE (DUE TO, OR AS A CONSEQUE		The many	7.000
Seorial Seoria	30	Canditians, if any, which	(b)	AIDS	Service 2	3mgc
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that d by espec of, c		underlying cause last	((c)			
offer plant	z	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO D	BATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART TO
10 th	ATION	N (Utiple Dyan	OPERATION WAS PERFORMED	SIDPSY CLOWL	YES, WERE FINDINGS USED
0 0 0 0	CERTIFICAT	TYO DATE OF OPERATION F	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCE	RTIFYING CAUSES OF DEATH?
FR 8884	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURR	YES NO	YES NO
31 11 1 W	T	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR		
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
other other	×	AT WORK AT WORK	(AT HOME STREET, FACTORY, OFFICE, FA	ARM ETC) STREET	CHI OK IOWN	COUNTY
A STORY	-7	220.1 certify that (1) (this haspital)	attended the deceased fram_	9 19_11		
E 8 6 5 5		saw the deceased alive an above, (1) (we) (did) (did not) v	new the bady after death.	87, and that in (my) (aur) apinian a	death accurred an the date and	haur and fram the causes stated
Dept Person		226 SIGNATURE	<i>A</i>	DEGREE ATTENDING	MEDICAL . STAFF	27¢ DATE SIGNED
± ≥ 2 0 ± Z 1		1 00	zalun	PHYSICIAN [DIRECTOR B PHYSICIAN	9/18/87
etoined by TO FUNER should be d with the Sta		22d PHYSICIAN'S NAME (TYPE OR PR		5214 Hart	2.1 100	1
etained TO FUNI should b	20 1	Marine Marine Control of the Control	UNZALAN		nd vo. Balto. 1	ug/
D.D.		SPECIFICATION REMOVAL	9-19-87 13ch	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	IFINA. MY
	24 Ft	IN ERAL DIRECTOR	m	17 ~100) 250 DAT	F REC'D BY REGISTE (F) 751 RE	GISTRAR' A BIONATURE
DHMH - 16 60M 7/84 (VRA 15, 4)		Your All	411/2V	V.Math SI	EP 18 1987 8	who Dendery Konders

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25503 REG. NO. MONTH DAY

_q	87	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	1ENE 2550	3
,		TENN		MAE	t.	BYRD	20 DATE OF DEATH MONTH	2. 87 9 AM
	3. SEX	F	4. RACE B		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 73 YRS.	FUNDER LYEAR OF UNDER 24 HRS.
2		RTHPLACE (SLATE OR FOREIGN		. S	WIDOWE		Baltimore City or County	c City . MD.
33	2	altimore	ROD S	FACILITY, GIVE STREET A	DDRESS)	ital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE Retired	12b. KIND OF BUSINESS OR INDUSTRY -0-0-0-0
E		RESIDENCE (IF NURSING HOME OR TATE 13b COUN	None	3c. CITY OR TOWN Baltim		13d. INSIDE CITY LIMITS? YES NO	136 STREET ADDRESS / ZIP CODE 2713 Uhler A	
0	W	illie Byers	WIDDLE	LAST CAST	170.110	Elizebeth	ALIDDI E	t AST
/		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	CALLED OR DATES	66 SOCIAL SECUR 240-30-		Dorothy Bo	rden ,2713 Uh	ler Ave. 21215
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ily ane cause per li D BY. TE CAUSE (a)	Respire		y arres	۲.	BETWEEN OMSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	AS A CONSEQUE ACTOS AS A CONSEQUE	34.5	gastric	_ Ca.	zmonths
1	IFICATION	PART 2. OTHER SIGNIFICANT (NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE 1200 AUTOPSY? 1200 IF YES	ZEN IN PART Trai
7	CERTIFIC	7/87	Ston	nacl	Ce		IN CERTIF	FYING CAUSES OF DEATH?
1	EDICAL C	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M.	MONTH DA	19	711 LOCATION	CITY OR TOWN	COUNTY STATE
	W	NOT WHILE AT WORK 22a.) certify that (I) (this haspi	tal) attended the		29 /	STREET	2, to 09/02.	19 E), that (h (we) last
		saw the deceosed alive on abave, (I) (we) (did) (did no 22b. SIGNATURE		19.2		DEGREE	death occurred an the date and have	27c. DATE SIGNED
1		22d. PHYSICIAN'S NAME (TYPE O	PR PRINT)	Asag	5,	A . D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	03/02/8)
+	23n B	BURIAL, CREMATION, REMOVAL	1735. DATE	123, N	AME OF C	EMETERY OR CREMATORY	123d LOCATION)//./~~
		Burial	9/5/87			awn Cemeter	CITY OR TOWN	COUNTY STATE
'84		UNERAL DIRECTOR NAME Funeeral HO	me 4611	ADDRESS	11/2	25a_DAT	O 8 1987, guilden	TRAP'S SIGNATURE

DHMH - 16 60M 7/8 (VRA 15, 4)

auld be detoched for use or its the State Dept. of Health TO FUNERAL DIRECTOR.

SEPO 8 1991

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DHMH - 16 50M 1/BI (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

1	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. N	10		
100	DECEASED NAME FIRST	M	IDDLE	i	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
(T	YPE OR PRINT)	CEC	21:0	1	1.11	4/9/07			MAIL
113	MARGARET	4 RACE	ELIB	S. DATE C	F RIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	white	,	MONTH	DAY YEAR	83		MONTHS DAYS	HOURS MIN.
100	BIRTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	1	17 03	9 BALTIMORE CITY	YRS.	OFDEATH	
1	Balto	usA	WHAT COOKINT!	MARRIE	DINEYER MARRIED DINORCED	D 11	ore (citu	MD.
10	Baltimore Baltimore		OSPITAL, NURSIN	ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE	E) INDUSTRY	of Business OR
US 13d	SUAL RESIDENCE (IF NURSING HOME OF B. STATE 136 COUN Maryland 60/		BALL		13d INSIDE CITY LIMITS! YES NO D	13. STREET ADDRESS	len Cr.	roice (Charleston
5	FATHER'S NAME FIRST John	MIDDLE J.	Cahil	1	Ellen	AME		Col	Retional lins
160	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17 INFORMANT	er Reiter		lalsto r Oak	
CERTIFICATION	Conditions, if ony, which gave rise to immediate couse Hol, storing the underlying cause lost. PART 2 OTHER SIGNIFICANT ((c) CONDITIONS <u>CO</u>		DEATH BUT	NOT RELATED TO THE TER N WAS PERFORMED	20a AUTOPSY?	206 IF YES	S, WERE FINDI	NGS USED OF DEATH?
1 5	71a. ACCIDENT WAS UNDERLYING	7 216 TIME OF	INTITION.		121/ HOW INJURY OCCU	RRED (ENTER NATURE OF IN)		S	ио 🗌
	OR CONTRIBUTION CALLER OF OF			YEAR	1.2 110 17 110001 0000	(ENIER NATURE OF IN)	URT IN HEM 18 P	ARTIORPARTZ)	
WEDSCAL	(IF EITHER NOTIFY MEDICAL EXAMINE								
AMED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN							COUNTY	STATE
П	22a.1 certify that (1) (this hospi	tal) attended the	deceased from_			, ta		19	that (I) (we) fast
	saw the deceased alive on abave, (I) (we) (did) (did no		19	, ar	nd that in (my) (our) opinio	n death occurred on the	date and hou	r and from the	couses stated
l	226 SIGNATURE	likahi	The deal.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN [X]	22c. DATE	SIGNED
1	22d PHYSICIAN'S NAME (TYPE OF Khaled	RIKahi	!		22e ADDRESS	TON AVENUE		Agres	(tospita
234	BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	Burial	9/12	/87 Ne	w Ca	thedral	Balto		CODIVIT	Md.
24	FUNERAL DIRECTOR 736 Sterting Ashto	Edmond n Fune:	ison Averal Æst	ate.	21228 PA SF	P 1 4 1007	1 / 0	PER'S SIGNAT	Λ .

uneral director, page 3 age 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complete should be detached for use as the burial-transit permit. Then please remove corbon popers. Pages II and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removaling retained by the hospital ar attending physician.

STATE OF MARYLAND

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43	SEE	FOR STATE 87 REGISTRAR			DEPARTN	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 2 5	.) 5	
		CEASED NAME	FIRSI		MIDOLE		AST	26 DATE OF DEATH	MONTH DA		26 HOUR
		Julver.			C9			09	06	87	120 F
7.0	3. SE)			RACE BLACK		5. DATE C		6 AGE (IN YEARS LAST BIR	100	ONTHS DAYS	HOURS MI
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2	-	TY OR TOWN OF DEATH	1 11	NAME OF	HOSPITAL, NURSIN	G HOME C	DR OTHER INSTITUTION	170 USUAL OCCUPATION OF OF NOST OF			OF BUSINESS
35	U5U/ 13e S	AL RESIDENCE (IF NURSING STATE 1:	S HOME OR OTH		130. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		21202	
OI	14 FA	THER'S NAME FIRST	UNI	ole KNOWN	LAST		15 MOTHER'S MAIDEN NAA FIRST	UNKNO		LA	SI
медка	160 V	VAS DECEASED EVER IN	U.S. ARME (IF YES, GIVE W		212-32-1		BERTHA REYNO	LDS 201 BRO			F KIMATE INTERVAL ONSET AND DEAT
any injury, or other traum	ATION		diate the last.	((c) NDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON		N IN PART 1	
o shows o	CERTIFICATION							YES NO	IN CERTIFY YES	ING CAUSE	NO [
Item 18 show		710. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTHY MEDICA	USE OF DEATH	21b. TIME C HOUR A		AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RTTORPART2)	
morked or	MEDICAL	214 INJURY OCCURRE			OF INJURY REET FACTORY OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
21 із то		220.1 certify that (1) (t saw the deceased above, (1) (we) (dia	alive on .		19		nd that in (my) (our) opinion o	, to on the d			that (b (we)) causes stated
E # # # # # # # # # # # # # # # # # # #		27b. SIGNATURE	1	1	ney	/	DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF LAND	09/C	SIGNED
IMPORTANT: If her		1770 PHYSICIAN'S NAM	AE (TYPE OR PI	71CC			77e ADDRESS				
≥ (BURIAL, CREMATION, RI	EMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
7/B4	24 5	BURIAL NERAL DIRECTOR NAME Ample	eo n	9/9/8 1arch	THADORESS T	UNT Z	Morth are SEP	LANSDOW E REC'D. BY REGISTRAR 1 0 1987	256 REGISTR		TURE CONTROL OF

SEP 1 0 19

- STATE

(VRA 15, 4)

REGISTRAR

IMMORS ADDRESS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN Md Burial 9/19/87 Arbutus Memorial Park Arbutus 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Wm. "C". March F/H West 4300 Wabash Avenue

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

2h HOUR

126 KIND OF BUSINESS OR

IF UNDER 24 HRS

21216

IF UNDER I YEAR

MONTHS DAYS

INDUSTRY

		1,	FOR			DEPARTME	STATE OF	MARYLAN H AND ME		IENE 2	5 5	0 7	7	
			STATE REGISTRAR		MI	EDICAL EX	AMINER'S	CERTIFIC	ATE OF D	EATH	REG. NO.	25		
6701	0 000 00	1 DE	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE KN	OWN M	MONTH D	DAY YEAR	76 HOUR
6.00	D 351 73	01	E OR PRINT)	FAY		E.	- 650	CAMP	ANIDES	OF E	511-	9 2	1 19 8	7
. L	ARY, PLEASE LOIRECTOR. YOUR FILES. YOU STREET,	3. SEX	4 R	RACE	S. DATE OF BIRTH	1 6		NDER 1 YR.	IF UNDER 24 H	RS. 2t. DATE			DAY YEAR	2d HOUR
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=	AND DEL		AL RESIDENCE (IF IN		ROTHER INSTITUTION,	GIVE RESIDENCE BEF	ORE ADMISSION)			Carl U. V.		1		
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8.	要	16a. V	VAS DECEASED EV	/ER IN U.S. ARM	AED FORCES?		L SECURITY NO.	17. INFORM		-	ADDRESS	17.6	GIIAII	
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	WITH WITH THE PAGE			EATH (Enter anh	y one couse per lin			THE D.	DOIG	Dianie	riair		APPROXIMA	TE INTERVAL
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DIV	H = H & S	13	WHILE AT WORK	OT WHILE	STREET FA	CTORY, FARM, ETC.)		STREET	siles CO	CITY OR TOWN		COUNTY		STATE
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		1	220. I certify th	ot I took charge	e of the remains de			Dover	Rd.	, Inquiry	, ond in	п ту аріпіо	n	
	BERDE 7		death resulted for	rom: Nature	al couses,	Accident X	, Suicide _	, Homici	de Ur	ndetermined monne	er 🔲,			
	N WEEGE	15	ACTUAL	1	0			TITLE (SP	ECIFY)	of.		DATE	0-2	2-87
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	TO MEDICAL EXAMINATION OF TO POST A SHOULD BE TO FUNKAL DIRECTOR AFTER DEATH WITH A STER DEATH WITH A		(TYPE OR PRINT)	AIIII	M. Dixon			_ADDRESS		enn St., B	arto.	, MD	2120	T
	EUSE 48	23a.B	URIAL, CREMATION				AE OF CEMETERY			LOCATION CITY OR TOWN		COUNTY		STATE
07/84 25M	BP		urial		9-24-87	Mt.	Olivet			Hanover		York		Pa.
2.3171	DHMH - 17	24. F	UNERAL DIRECTOR	202257 7	ADDRES	SS		2		BY REGISTRAR		4		100
	(VR A15 ME (5))	Tr.	Line Fur	rerat i	nome, H	ampste	ad, Md.		SEP :	2 8 1987	Julia	Devide	www. Kom	Addiso.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH 1. DECEASED NAME YEAR 2h HOUR MAY [TYPE OR PRINT] EDITH AMPBEL 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4. RACE 5. DATE OF BIRTH MONTH CAY YEAR euce. 94 O BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** NEVER MARRIED MARRIED BALTIMORS MRYLAND WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 6 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Saltimore HousewHEE Sinai USUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS No COUNTY 13a STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE REISTERTOUN YES T NO V Bruant Stone 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME ALICE DECEMBER ARVOLD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 3 Agores BRYANSTONE RD 17 INFORMANT ES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAMPBELL REISTERSTOWN MD 21136 NO VILL APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ONGESTIVE CORDIAC 10000 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PROBABLE Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. aptra duser PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 198 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 8/24/87 DISLOCATED (L) NON 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 7/14 saw the deceased alive on above, (I)((we))(did)(did not) view the body after death. and that in (my) (our) apinian death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS KOKANINE DONOVAN 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 13h DAJE BALTIMORE, BALTIMORE, MY ECH HARDT Furery CHARLED DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ha Devideon- Pandall

DHMH - 16 60M 7/B4 (VRA 15, 4)

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		1,	101 Tem 11-10	- Phone DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL	YGIENE 2 5	507
067	7523 00		BTGISTRAR		CERTIFICATE OF DEATH	ŔĖĠ, NO.	
	1 21	1.0	ECEASED NAME JOH	n Middle	Campbell	Sep1	20, 87 625A
_	of a may	1.5	M	1 RACE	S DATE OF PRTH	6. AGE (IN YEARS LAST BIRTHD.	MONTHS DATS HOURS MIN
	100	1 70.1	IRTHPLACE PLIE OF FORCOM	IZEN OF WHAT COUNTRY		BALTIMORE CITY OR C	TAX CONTRACTOR CONTRAC
	1 19/3/	4	ungnoun	II NAME OF HOSPITAL MURC	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	30	12b. KIND OF SUSINESS OR
22		1	renknous	OT IN SUCH FACILITY, GIVE STRE	stall Center	(TYPE OF WORK FOR MOST OF W	
AND 21	是是	5	AL RESIDENCE IS MAIN AND THE COUNTY	13c. CITY OR TO	YES NO	121761	IP CODE HE Sit, 2129
MARYL	1 10	0	ATHER'S NAME PREST MANAGE	MIDDLE	15. MOTHER'S MAIDEN	Manie Middle W	LAST
MORE	Poged medical	180	WAS DECEASED EVER IN U.S. AR	MED FORCES? III SOCIAL SECULAR OR DATES		A Linealn	Conn. Center
BALT	throte by the control of coopers.		PART I. DEATH WAS CAUSE	lly ane cause per ling far (a), (b), on BY:	· - Ma . 1 - 1 a / t	ry Collas	approximate interval BETWEEN ONSET AND DEATH
S NO	1 2 3 4		IMMEDIAI	DUE TO OBAS A CONSEO	HENCE OF 111 1	City of	
REST	1	44	Conditions, if any, which gove rise to immediate	1	stive Heart	Doulure	
01 W. P	d by the state of other		couse is, storing the underlying zouse list	DUE TO, OR AS ACTUARO	c cereuro-la	ascular Ac	cidant
RDS. 2	Application of the party.	NO.	PART 2 OTHER SIGNIFICANT C	CONDITIONS <u>CONTRIBUTING 18</u>	<u>DEATH</u> BUT NOT RELATED TO THE TE		
NI RECO	A STATE OF	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		OB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
717	24 99 97	A	21g. ACCIDENT WAS UNDERLYING	The second second second	DAY YEAR 21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IF	TEM 18 PART OR PART 71
o z	10 m	MEDICAL	214 INJURY OCCURRED		19 211 LOCATION		
/1510	The state of	ME	THE DESIGNATION OF THE PARTY OF	(AT HOME STREET, FACTORY OFFICE		CITY OR TOWN	COUNTY STATE
ă	DING OF STREET			tal) attended the degree ed from	200		19 that (1) (we) last
	THE STATE OF		saw the deceased alive an above (I) (we) (IIId) (did no	19 to view the bady after death	ond that in (my) (our) apini	on deoth accurred on the date	and hour and from the causes stated
•	Ne hose At DRECAL DIRECTOR AND DRECAL CONTRACTOR AND DRECAL CONTRACTOR AND DRECAL AND DR		274 SIGNATURE	Laykale	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	122 PATE SIGNED - 87
	FUNER FUNER H the Steam		A-I. BA	YKALER	220 ADDRESS Pa	plar Grow	e St. Bat.
	54 53137	230	BURIAL CREMATION, REMOVAL	23h. Day = 23	NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	COUNTY STATE
	BP			8/21/87 K	ASTricw cem.	DALTO.	mo.
	DHMH - 16 60M 7/84 (VRA 15, 4)		BEHHS FUNER	ncHome 1/2	9 N. CAROLING	DATE REC'D. BY REGISTRAR 25	REGISTRAR'S SIGNATURE
						10010	

SEP 21

0656	6 7 5 SEP	12.	m, 21c., G-634, by FOR Gbj.	Med. Exam.,	12/18/87 STAT	E OF MARY	MEN OL H	YGIENE 2 5 5	10
0000) / J SEP		GISTRAR	WED	ICAL EXAMIN	ER'S CERTI	FICATE O	F DEATH REG. NO.	
			CEASED NAME FIRST		WIDDIE	LAST		OF ESTI-	NONTH DAY YEAR 26 HOUR
	A SKE		SIMO		CURTIS	CAMPE	BELL.	DEATH MATER	0-10-8719 M
	50.58	3. SE)	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA			24 HRS. 2c. DATE MIN PRONOUNCED	ONTH DAY YEAR 28 HOUR
	A 2007		MALE B	4/14/6	19			DEAD 9	9-10-87 ₁₉ 12:10a
-	SS SEE	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WH	AT COUNTRY?	MARRIED -	NEVER MARRI	ED X 9 BALTIMORE CITY OR C	
	120 3 =		LTO., MD. TY OR TOWN OF DEATH	U.S.A.		WIDOWED [DIVORC		
4	A TOTAL BANK BANK B		Baltimore	University		STU	TITUTION	120. USUAL OCCUPATION (TYPE OF V	WORK 126 KIND OF BUSINESS OR INDUSTRY N/A
3120	AND 3 RETAIN RECORD RECORD	13a. S	AL RESIDENCE (IE IN NURSING HOME O TATE MD	R OTHER INSTITUTION, GIV	BALTO.	13d. INS YE X	IDE CITY LIMITS?	13e STREET ADDRESS 2708 N. ROSEI	DALE ST.
å.	E-See	14. FA	ATHER'S NAME ERST	MIDDLE	LAST	15 MC	THER'S MAIDE		LAST
, 50	38.2			PBELL			ETHEL		
BALTIMO	# 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	16a. V	VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN) NO NA NA NA NA NA NA NA NA NA	WAR OR DATES)	212-16-32		ormant EL& SI	MON CAMPBELL	2708 ROSEDALE
1 3	HOURS M 18 O NG WIT.		18 CAUSE OF DEATH (Enter online PART I DEATH WAS CAUSED		for (o), (b), ond (c).) ead injurie	s with c	complica	ations	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STOI	A A LOIS	/	3 LOWWEDIAT		AS A CONSEQUENCE C	F			
e.	WITHIN ENCIL II MINER TRANS TRANS OR REM		Conditions, if ony, which gave rise to immediate	(b)_					
01 W.	TED WITHIN 24 IN PENCIL IN ITER XAMINER ALON AL - TRANSIT PER MENTAL HYGIEIN, OR REMOVAL		cause (a) stating the <u>under-</u> lying cause lost.	< '	AS A CONSEQUENCE C	F			
05.2	VILD BE EXECUTED "PENDING" IN PR EF MEDICAL EXAVED AS A BURIAL- HEALTH AND ME AL, CREMATION, (PART 2 DTNER SIGNIFICANT CONDITIONS C	(c)CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL DISEASE OR CONC	DITION GIVEN IN PAS	RT 1 o	
0	MEDIC MEDIC AS A CREW	NO O		350 JAS					
1 2	AL, OAL	CERTIFICATION	196. DATE OF OPERATION	196. CONDITI	ON FOR WHICH OPERA	ATION WAS PERI	FORMED?		20 AUTOPSY?
VIT	SAC HISTORY	E							YES NO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	HIS CERTIFICATE SHOULD I WRITING THE WORD "PEN ARABED TO THE CHIEF MAGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEAD 1201 PRIOR TO BURIAL, CL		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAY YEAR 18-26-87	driver	occurrei of an	auto/ Auto (s) impa	ct subject ejected
VISI	CERT TINC 3 SFD DEP	MEDICAL	21d. INJURY OCCURRED	21e PLACE O	FINJURY (AT HOME, DRY, EARM, ETC.)	211. LUCATION		CITY OF TOWN	COUNTY STATE
۵	E, WRI RWARD PAGE STATE	•	WHILE NOT WHILE AT WORK	hgt	wy.	Rt. 29	near (Gorman Rd. Colum	bia, Maryland
	BE FOR THILLY THE		22a I certify that I took charge death resulted from: Noture			Autopsy X	, Inspection	Undetermined monner , and in	my opinion
•	CAL EXAM THE CERT SHOULD E RAL DIRE ATH, WITH		ACTUAL SIGNATURE MOLA	et me	Your		E (SPECIFY) SSISTANT	MEDICAL EXAMINER	DATE 9-10-87
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALKIMORE, M	_	EXAMINER'S NAME (TYPE OR PRINT)		ta A. Korel			111 Penn STreet	
07/84 25M	BP	(5	BURIAL BURIAL	9/16/	18 7 GARRI	SON FOI	REST	OWINGS MILL,	
2314	DHMH - 17 (VR A15 ME (5))		NAME EROY O. DYETT	AGOO TT	דשע עתמשמ	CHUC	250. DATE R	1 5 1987 Julia De	AR'S SIGNATURE
	(+10 MID ITE (D))	TIL	MOI O. DIEII	4000 TT	DEKTI HET	GIIID	SEF	10 1301 Ames 104	

61

o-year in

DHMH - 16 60M 7/84 (VRA 15, 4)

City

26 HOUR

126 KIND OF BUSINESS OR INDUSTRY

Banking

09

	ryland	Baltimo:	re Whit	e Marsh	13d. INSIDE CITY LIMITS?	5622 Carri	ngton D	r. 21162
1	John	MIDDLE D.	S	pencer	15 MOTHER'S MAIDEN N Adelaide	MIDDLE		TAST
	NAS DECEASED EVER	(IF YES, GIVE WAR OI	PDATESI	-58-0171	Rose Canitz	1109 Chester		1220
	18. CAUSE OF DEAT PART I. DEATH W	AS CAUSED BY.	C	dis pul	nonary a	nest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, gave rise to immediate (a), stating underlying cause	nediate ig the Di	(b) <u>Sel</u> UE TO, OR AS A CO		repture			~ I week
CERTIFICATION	PART 2 OTHER SIGN	TION 19	b. CONDITION FO		NOT RELATED TO THE TER	200 AUTOPSY?	20b. IF YES, W	ERE FINDINGS USED G CAUSES OF DEATH?
MEDICAL CERT	210 ACCIDENT WAS UNIT OR CONTRIBUTING {IF EITHER NOTIFY MEDI 216 INJURY OCCUR!	CAUSE OF DEATH CALEXAMINER) RED 23	B. TIME OF INJURY HOUR A.M. MO P.M. 8 PLACE OF INJUR	NTH DAY YEAR		JRRED (ENTER NATURE OF INJU		COUNTY STATE
W	220 1 certify that (I)	(this haspital) att	tended the decease	ed fram 1/24	nd that in (my) (aur) apinia	10_9/28	19_	87, that (I) (we) last
	saw the deceas abave, (I) (we) (i	ed dilve an did) (did nat) view	the bady after dec	th.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _/	22c. DATE SIGNED 9/2-8/87
8	Steven	S. Lawren			22e ADDRESS	mil Hospital	Balt.	mis
	Burial, Cremation, (SPECIFY) Burial	CONTRACT OF	10-1-87	23c NAME OF CO Oaklawr		CITY OR TOWN	Baltim	ounty State
	uneral director .tehell-Wie	edefld Ho	ome 6500	York Road		SEP 3 0 1987	Z30 REGISTRAL	Tomber Rode
					57.5%			14334

STATE OF MARYLAND

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,01014 001 0	100	REGISTRAR LU/30/	c/ew	MEL	DICAL EX	AWINEK 2		ATE OF DE		EG. NO		
		CEASED NAME	1 0	•	WIDDIE		LAST		OF ES	MN K WONTH	DAY YEAR	26 HOUR
OR. ES. JRS			yeve	a			Canty		DEATH MAT	ED U 9	2919 37	/ _ M
30 5 5 E	3 SE		MON	TE OF BIRTH	YEAR L	ST BIRTHDAY!		HOURS MIN	S. 20 DATE	MONTH	DAY YEAR	7:451
ARY, PLEASE L DIRECTOR. OUR FILES. Y72 HOURS	13	male Blac	K 6	2 -	34 3	S YRS.	IND DATS	HOURS MIN	DEAD	9	29 19 37	7 / · 4.31
CESSARY, WERAL DIR. VIEWAL DIR. VIEWAL DIR. VIEWAL DIR. VIEWAL DIR. VIEWAL VIEW		RTHPLACE (STATE OR	7b. CI1	TIZEN OF WH	AT COUNTRY	8 MAR	RIED NEV	ER MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DEATH	
D H O E C	1	laughand	1	u.	5 -	WIDO	WED X	DIVORCED [Baltimo	re City		MD
20年20年	10, C	TY OR TOWN OF DEATH			PITAL, NURSIN	G HOME, OR OT	HER INSTITUT		ISUAL OCCUPATION		126 KIND OF B OR INDUS	
n/302 W	1	Baltimore	/	Sin	ai Hosp	ital			DR MOST OF WORKING L	rrc)	0.1.1.000	
A 22396 C		AL RESIDENCE (IF IN MERSIN	COUNTY	INSTITUTION, GIV	E RESIDENCE BEFOR		13d. INSIDE CIT	ry (1m)rc2 120 S	TREET ADDRESS	,	14,40	alon
E 4483077		EW YORK	COUNTY		BRO		YES			ton AVE	990	194
9 NAME OF	34. E	THER'S NAME				1	15. MOTHE	R'S MAIDEN NA	ME			
# \$50 B 26 O 7	1	John	MIDDLE	Hill	LAST		4.5	prothy	Forest		LAST	
N SERVICE	16a. \	VAS DECEASED EVER IN L	J.S. ARMED FO	RCES?		SECURITY NO.	17. INFORM			DRESS		
SIGNATURE TO SECOND TO SEC		ES, NO, OR UNKNOWN) (IF Y	ES, GIVE WAR OR E	DATES)	215-3	2-0334	Cha	int				
3 SQE95		18 CAUSE OF DEATH (E	nter only one c	ause per line	for (a), (b), one	(c).)					APPROXIMA	TE INTERVAL
E HO DNG ERMI FENE,		PART I DEATH WAS	CAUSED BY: MEDIATE CAU	7/2-			cardio	vascula	r disease		BETWEEN ONS	T AND DEATH
5 4 E G R E S		1740		25 (0)	AS A CONSEC							
		Conditions, if ony,		41.5								
TED WITH V PENCIL V ARANGE AL-TRANGE MENTAL H MENTAL H N, OR REA	1	gave rise to imm couse (o) stating the		(b) DUE TO, OR	AS A CONSEQ	UENCE OF						
S, 201 W. ECUTED W. II. EXAMIN UNIMAL - TE TION, OR	V.	lying couse last.		(-)							13735	
	1	PART 2 OTHER SIGNIFICANT COM	OITIONS CONTRIBU	(c)	UT NOT RELATED T	D THE TERMINAL DISE.	SE OR CONDITION	GIVEN IN PART 1 10				
RECORDS TENDING REDICAL AS A BU CREMA	Z	Chronic obs							llitus			
L RECO	D. A.	190 DATE OF OPERATIO				H OPERATION			111000	. 1000	20 AUTOPSY	(2
F VITAL RI E SHOULD WORD "PE E CHIEF N BE USED.	길			T. Year							YES 🗆	NO X
OF VI	CERTIFICATION	210 EXTERNAL CAUSE V	VAS	216. TIME OF		21c. 1	OW INJURY	OCCURRED (ENT	ER NATURE OF INJURY IN	I ITEM 18 PART 1 OR PA		10022
₹ EFOXES		UNDERLYING OR	SE OF DEATH	HOUR A.M.	MONTH DA	Y YEAR						
MVISION O CERTIFICA ITING THE DED TO T E 3 SHOUL E DEPARTA	MEDICAL	216 INJURY OCCURRED		21e PLACE C	FINJURY (A		CATION			-		
DIS CI REDE 3 SOL 201	E	WHILE D NOT WH	ILE 🗀	STREET, FACT	ORY, FARM, ETC }		STREET		CITY OR TOWN	СО	UNIY	STATE
STA STA								TVI				
A R S S S S S S S S S S S S S S S S S S		22a. I certify that I tap		(M.A.)	ribed abave, h	eld on Auto	Δ.	Inspection	, Inquiry L	ond in my of	oinion	
SE S		death resulted fram	Natural cous	es A,	Acofden)	Suicide L	J. Hamici		determined manner			
A WAR		ACTUAL	Wana	17.	IR	XA	TITLE (SP			DATE	9/30	1/07
SHE SHE ST	0	SIGNATURE	The second	0	1	11	ASSI	stant_M	EDICAL EXAMINER	SIGNI	9/30	1/0/
NO N	1	EXAMINER'S NAME	Mario	F GO	lle, Jr	MD		111 D	enn St.		Balto.	MD
DIVISIO TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE. WRITING PAGE 4 SHOULD BE FORWARDED TO FORMER DIRECTOR. PAGE 3 SHOULD BE FORWARDED THE FORMARDED THE SHOULD BE ALTIMORE, MARYLAND, 21201 PRICE MARYLAND, 21201 PRICE TO MEDICAL EXAMINER: TO MEDICA	22- 0	URIAL, CREMATION, REMO	PIGE TO	1. 60			ADDRESS_				Darto.	, PD.
1 1 1 1 1 1 1 1 1 1 1 1	230.E	SPECIFY	JVAL ZJB. DA	5/07	130. NAM	OF CEMETERY	W M.	// / 0	LOCATION ITY OF TOWN	DAT. COU		STATE (
5M BP		UNERAL DIRECTOR		/	1000	- Wit			BY REGISTRAR 25	A DEGISTRAD'S	MAR	
DHMH - 17		NIAME TAKEN	relled	ADDRESS	72111	nomae		UUT	7 1987	Julia De	order . Ran	Local
(VR A15 ME (5))		41411	nup	3 '	10(110)					0	- Van	1

STATE OF MARYLAND

	FOR STATE REGISTRAR		DEPA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG	. NO.	1	41	
SEPH		FIRST	MIDDLE	l	AST	20 DATE OF DEATH		DAY YE	AR 2b H	OUR
	TYPE OR PRINT!	bert	H.	Ca	RROIL		09	16 8	7 10	1.40 AV
3	SEX	4 RACE		5 DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1	_	DER 24 HRS
-	male		Black	MONTH O 7	30 35	52	YRS		DATS HOU	MIN.
70	BIRTHPLACE (STATE OF FORE		N OF WHAT COUNTE	DV2 8		9 BALTIMORE CIT			Н	
0	Bulta, M	not !	4.5.A.	WIDOWE	NEVER MARRIED	RaHi	mor	e Ci	tu	MD
10	CITY OR TOWN OF DEATH			SING HOME	R OTHER INSTITUTION	12g USUAL OCCUP	ATION	12b KII	ND OF BUS	
2	Baltimory	O) Lib	TIN SUCH FACILITY, GIVE STI	Dical	center	Type of work for yo	. /	S LIFE) INDUS	OIRY	
-0	SUAL RESIDENCE HE NURSING	HOME OF OTHER INST	ITUTION GIVE RESIDENCE BE	FORE ADMISSIONS		11		0	5	1216
5	30. STATE	COUNTY	13c. CUEN OR I	OWN	YES TO NO	3500	OVE		V. A	110
14	FATHER'S NAME		0	/	15 MOTHER'S MAIDEN N		010.	21 1/11	10 P	0-0
ph.	FRIST	MIDDLE	I D TAST	-1/	FOR	MIDDLE	E	:50	LAST	5
16	a WAS DECEASED EVER IN	U.S. ARMED FOR	CES? I 66 SOCIAL SI	ECURITY NO.	17 INFORMANT	AD	DRESS	0//	2/6	171
	(YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR D.		900	hos Rodwin	Tana 1 . 1 . 1 . 1 . 1	29,0	1.4.7	to the	P. to
=	425 V	454-145	8 12/2 22	1.57.5	mps Kimino	HEISTOON -	1/00	-IDEM	PROXIMATE DI	CATAS, RIERVAL
1	PART I. DEATH WAS	Enter only one cou	use per line for (o), (b)		1 20 11110	11 - 40			WEEN ONSET	AND DEATH
	IM	MEDIATE CAUSE	(o) Kesp.	ARRES	1 2 LUNG	CH CWIEZ	Morad	NUCAD.		
		DUE	TO, OR AS A CONSE	QUENCE OF						
	Conditions, if any, w		(b)						_	_
10	couse (a), stating	the DUE	TO, OR AS A CONSE	QUENCE OF						
	underlying couse	lost.	(c)							
1		ICANT CONDITIC	ONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION	GIVEN IN PA	RT IIo	
SAF	190 DATE OF OPERATIO	ON 19b	CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF	YES, WERE F	INDINGS U	SED
9	Ĕ					YES TO NOT		YES T		EATH?
=	210 ACCIDENT WAS UNDER		TIME OF INJURY		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF	INJURY IN ITEM	TE PART I ORPA	RT 21	
- 61	OR CONTRIBUTING TO CAL	JSE OF DEATH	P.M.	DAY YEAR						
/	(IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED		PLACE OF INJURY	19	211 LOCATION					
1		(ATH	OME, STREET FACTORY OFF	ICE, FARM ETC	STREET	CITY ©	RTOWN	COUN	14	STATE
	220.1 certify that (I) (II	his hornital) atten	ided the deceased for	A STO		, to		_ 19	, that (It /we\ lost
					nd that in (my) (our) opinio		e date and			
	sow the deceosed obove, (I) (we) (did	(did not) view the	e body ofter death		DEGREE				DATE SIGN	
	11 SIGNATURE	1 0			ATTENDING		TAFF L	1		2.5
_	724 PHYSICIAN'S NAM	win	2		PHYSICIAN 22e ADDRESS	DIRECTOR PHY	SICIAN		9-16	24
11	720 PHYSICIAN'S NAM	L (TYPE OR PRINT)			ADDRESS	1-11 1-10	1.			
1	11. Ohio	ower	1911 W	70	Caper	13 me	dice	21	ent	65.
2	30 BURIAL, CREMATION RE	MOVAL 236 D	ATE 7	NAME OF	EMETERY OR CREMATORY	23d LOCATION	v .ch	COUNTY	1	SIATE
	BURIAL	14	21-81	Arris	mores/lal	en 129	10.	(0		m
34	4 FUNERAL DIRECTOR	97			250 D	ATE REC'D BY REGIST	RAR 256 REC	SISTRAR'S SIC	GNATURE	
"	Joseph L	· Kus	5 クタクグ	Luisla	The HUALT	101301	- DE	rdson- Ka	ndalle)	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHT retained by the hospital or attending

BP.

66230 SEP 18	7	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALT	H AND MENTAL H	YGIEND / 2.	55 4
deorh deorth	LIYP	CEASED NAME FIRST OR PRINT) JOSE P. H	MIDDLE	CARRO			/87 YEAR (2b) HOUR 2/4 PM
rector. F	3. SE	Male	White		DAY YEAR 29 25		MONTHS DAYS HOURS MIN.
heoth. Pe	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	16. CITIZEN OF WHAT COUN	TRY? 8. MARRIED WIDOWED	NEVER MARRIED !		
by the full hilled with hilled with	10 0	BALTO,	11. NAME OF HOSPITAL, NL (IF NOT IN SUCH FACILITY, GIVES North Charles	STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	INDUSTRY SCIALSEC, ADM.
AND 212 n 24 hour filled in hould be	130	MD. 13b. COU		TOWN 13d.	INSIDE CITY LIMITS	13e STREET ADDRESS / ZIP 4319 SPRI	21221
MARYL ompletely ondo 2 s	14. F.	THER'S NAME FIRST JOSEPH	MIDDLE. CARROL	L, SR. 15. A	MOTHER'S MAIDEN	IARY DOLA	LAST
be execu on ond : S. Poges		YES NO OR UNKNOWN) (IF YES, GI	NE WAR OR DATEST	SECURITY NO. 17 11	u. Jo yari	e Carroll - 443	12 Jorge Rd. 21128
VST., BAL certificate ng physici honpoper removal.			nly one couse per line for (a), (b ED BY: (TE CAUSE (a) 1 R R 2 U	Els BLE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 12 DAYS
1 W. PRESTOR hat the death by the attendi sse remove cal i, cremation, a		Conditions, if ony, which gove rise to immediate couse (o1, stating the underlying couse lost.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	rebral	intenc	tron	
RECORDS, 20 low requires to some signed ermit. Then ple e prior to burno is ony injury, or	NOI					RMINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
A co o de co	CERTIFICATION	190 DATE OF OPERATION 9/2/87	Transle-	+ cschew	ic Attac		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
ON OF VITA		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR		URRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I ORPART ?)
DING PHYSICIA or offending ph After this certifi- e os the buriol-th olith and Mental marked or them	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		LOCATION STREET	CITY OF TOWN	COUNTY STATE
ATTENDI ospital or SCTOR: A d for use for of Heol		sow the deceased alive of	out of the deceased from 19/16/87 at) view the body ofter death		nt in (1007) (our) opini	, to 9/16/87 on death occurred on the date on	nd hour and from the causes stated
by the hor ERAL DIRE		22d PHYSICIAN'S NAME ITYPE	On 00 INT)	MI	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	9/16/87
TO HOSPITAL reformed by 11 TO Funded by 11 TO Funde Muth the Store with the Store MPORTANT.	(JEREMY WE	INER	Ū	tpart of	SURGERY	Bulto, md 21211
BP	230.	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	9-19-1987	HOLY R	ERY OR CREMATOR		AD COUNTY STATE

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

SEP 1 8 1987 Julia Distriction Red 1987

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5515

REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)	Cartar	20 DATE OF DEATH MONTH O	1987 101%
Helen M	Carter	Dept 10	IF UNDER 1 YEAR IF UNDER 24 HRS
Female PRACE W	5. DATE OF BIRTH SOUTH OAY SOUT	Q LL	ONTHS DAYS HOURS MIN.
THE BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNT	RY? 8	9. BALTIMORE CITY OR COUNTY	OF DEATH
COUNTRY) MD USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	City MO.
Baltimore Meridian	rsing home or other institution refer address) Vsa Center Manor	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE Seamstress	126 KIND OF BUSINESS OR INDUSTRY Clothing
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE B 130. STATE 131. COUNTY 131. CITY OR 1 Anne Arunde	FORE AND ISSION) TOWN 13d INSIDE CITY LIMITS? YES \(\text{NO} \) NO \(\text{X} \)	13e STREET ADDRESS / ZIP CODE	ex Rd 21090
FATHER'S NAME FIRST MIDDLE LAST	IS. MOTHER'S MAIDEN N.	AME	LAST
Howard Satter	field Virginia		Mason
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	ADDRESS	
No (IF YES, GIVE WAR OR GATES) 212-09	9-3783 Helen Brya	nt, 537 Shipley Ro	
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I, DEATH WAS CAUSED BY), ond (c),)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	a avet		10 m
DUE TO, OR AS A CONSE			10
	CND		10
gave rise to immediate couse (0), stating the DUETO, OR AS A CONSE	QUENCE OF		
underlying cause last.			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Socre until	MINAL DISEASE OR CONDITION GIVE	Fulle
Mc Auture Concerding 196 CONDITION FOR WE	TICH OPERATION WAS PERFORMED		WERE FINDINGS USED
=		YES NO YES	
216. ACCIDENT WAS UNDERLYING AND THE OF INJURY HOUR A.M. MONTH	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT : OR PART ?)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.	19		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	TH LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK AT WORK	1/ 0	9/	03 1
220 I certify that (1) (this haspital) attended the (11) ased fro	om 6 /25 19 8	2 to	9 that I) (we) last
saw the deceased allow on above, (1) (yke) (did) (a)	ond that (y) our) opinion	n death occurred an the date and hour	and from the cayses stated
22b. SIGNATURE	DEGREE		224 DATE SIGNED
1/1/11	M & ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	9/11/87
22d. PHYSICIAM'S NAME THE CONTROL	22e ADDRESS		
Dr. Ross	Caton Man	or Nursing Home	
23a. BURIAL, CREMATION, REMOVAL 23b. DATE	236 NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
Burial 9/14/87	Balto. National Cem	. Baltimore	Maryland
24 FUNERAL DIRECTOR	21229	ATE REC'D. BY REGISTRAR 256. REGISTR	PAR'S SIGNATURE
Hubbard Funeral Home, Inc., 410	7 Wilkens AVe. SE	P14 198/ Alia Da	idery (andally)

DHMH - 16 50M 4/83 (VRA 15, 4)

The same of the second of the second of the second

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	A7-	REGISTRAR			CERTIF	ICATE OF DEA	TH		REG. NO.			
Ì			M	CA.	RVER	LAST		20. DATE OF D				2b HOUR
	3 SEX		4 RACE BLACK		5. DATE C	of BIRTH	YEAR	6 AGE (IN YEAR)		MONTH!	DER I YEAR S DAYS	IF UNDER 24 HRS HOURS MIN
	NC	ORTH CAROLINA	U		WIDOW		RIED .	9 BALTIMORE	CITY			MD.
	BAI	LTIMORE	BON	SECOURS	ADORESS)	OR OTHER INSTITU	TION	TYPE OF WORKER	RED	(ING LIFE) IN	b. KIND OF IDUSTRY	BUSINESSOR
	130. S 1AF	RYLAND 136 COUN		BALTIMO		13d JUSIDE CITY I		1330T3 AD	DRESS LITTLE	ETON	ROAL	21216
-	14. FA		MIOOLE	CARVE.	R	15. MOTHER'S MA	GGIE		MIOOLE	LC	VE (AST	. 1
	16a. ∨ (Y	VAS DECEASED EVER IN U.S. AR (15 NO OR UNKNOWN) (16 YES, GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT CHART			ADDRESS			
		Conditions, if ony, which gove rise to immediate	D BY: TE CAUSE (0)	ASIA CONSEQUE	Cor	arten	lus	inte !	Hend Dem	2	APPROXIM BETWEEN O	AATE INTERVAL INSET AND DEATH
)	FICATION	DECEASED NAME ITYPE OR PRINT) SEX MALE 0. BIRTHPLACE STATE OR FOREIGN NORTH CAROLIN 10 CITY OR TOWN OF DEATH ALTIMORE JOUAL RESIDENCE (IF NURSING HOME) 30. STATE AND 134 COMMAND 4. FATHER'S NAME THOMAS 60. WAS DECEASED EVER IN U.S. (YES NOOR UNKNOWN) 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMMED) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COUSE OF MATERIAL CALL OF COUSE O	(c) CONDITIONS <u>CO</u>		EATH BUT	NOT RELATED TO		200 AUTOPS	SY? 20b.	IF YES, WEF	RE FINDIN	GS USED
			P.A. 21e. PLACE C	A. MONTH DA A.	19	21c. HOW INJUR	Y OCCURRE	ED (ENTER NATUR		EM 18, PART I O	DR PART 2)	STATE
	W	220.1 certify that (1) (this hospi sow the deceased alive an above, (1) (we) (did) (did no	tol) ottended the	deceosed from	6.1	nd that in (my) (see	opinion d	, 10	on the date on	19 <u>0</u> nd hour ond	from the c	
		1/4/90	hute	4	ju,	DEGREE ATTE PHY 220. ADDRESS	NDING SICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [7. 24	2-87
		Ply/u/	WISH.			3455	- his	Mens.	ANR	Bul	1/2	1229
	j	BÜRIAL	9-30-			T. MEM.	PK	LAUR	OWN		IARYI	LAND
	24. FU	NAME	S 172	1 N. MO	NROE	STREET	OCT	- 2 19	187 Au	. 0 200	rider.	Randala

DHMH - 16 50M 1/76 (VR A 15 (4))

ANALYSIS OF TAXABLE SECTION

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.			
щ	106	CEASED NAME FIRST	MIDDLE	1.	AST		ONTH DAY	YEAR 2b.	HOUR
		CR PRINTS	mas	C	arverdr.	. 0	9 23	87 0	3:67 M
	3. 583		A. RACE B 2	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS		UNDER 24 HRS DURS MIN.
A		grown , Porth Carolin	CITIZEN OF WHAT COUP		NEVER MARRIED	Baltimore City OR	COUNTY OF D		MD.
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME C		120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	N 121	KIND OF BI	
7	ISUA I3a S	AL RESIDENCE (IF NURSING HOME OR STATE 136. COUN	TY 13c. CITY OI		131. INSIDE CITY LIMITS? YES D NO	130. STREET ADDRESS	Moncis	ery t	129
)	14 FA		CARVER SR		15. MOTHER'S MAIDEN NA FIRST MAG	ME GIE CARVI	ER	LAST	
		VAS DECEASED EVER IN U.S. ARA		L SECURITY NO.	17 INFORMANT	ADDRES	S		
	٠.		N/A 215	011731	PATTIE CARV	7ER 151 N.	MONEST		
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATI	S RV.	(b), and (c).)	ton Failie	28		APPROXIMAT BETWEEN ONSE	E INTERVAL ET AND DEATH
	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON	SEQUENCE OF		NIMAL DISEASE OR COND	ITION GIVEN IN	PART lia	
2	TIFICAT	19a DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO ☑	206 IF YES, WER IN CERTIFYING YES	CAUSES OF	
1	CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A MONT	H DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 O	R PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, C	OFFICE, FARM ETC)	211. LOCATION STREET	CITY OR TOW	'N C	OUNIY	STATE
		220.1 certify that (1) (this hospit saw the decreased plive an above (1) well and lided not 226. SIGN TURE	7.23	19 <u>87</u> , ar	nd that in (ay) (aur) apinion DEGREE	death accurred on the dat		from the cau	
		121 BHYSICIANIS AND	十九人	Mr.	ATTENDING PHYSICIAN [MEDICAL STAFF		9.0	13.87
	USUAL RESIDENCE (# NORSING HIBS STATE 13b. 13b. 14 FATHER'S NAME FIRST THOM. 14 FATHER'S NAME FIRST THOM. 16a WAS DECEASED EVER IN U (YES, MO OR UNKNOWN) (F NO OR UNKNOWN) (F OR UNKNOWN)		T. Holigh		St Agnes H	losp., Batt	, MD.		
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	9/28/87	23c. NAME OF C	EMETERY OR CREMATORY RIDGE CEM.	BALTO.,	MD.	NIY	STATE
		UNERAL DIRECTOR	r 4600 LIB	RTY HEI		P 2 8 1987	1 .	SIGNATURI	

)
DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARYLAND ZING	6
7	7
O HOSPITAL OR ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours and death Page 4 may be	5
eroined by the hospitol of offending physicion.	4
TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and competely filled in by the fugeral director page 3	
should be detached far use as the burial-transit permit. Then please remove carbonpopers. Pages I ond 2 should be filed within 72 hours after death	2
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.	
MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other traumatic event, the medical examiner must be notified of once.	00
	1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

8

	CEASED NAME FIRST		MIDDLE	1	AST	2a DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
(111)	Charle	s :	E.	Case	y, Sr.	Sept.	30,1	987	5:00P	
3 SE	X	4 RACE		S. DATE C		6 AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS	
	Male	Cau	~	Jul		75	YRS	MONTHS DAYS	HOURS MIN.	
7a B	IRTHPLACE (STATE OF FOREIGN	WHAT COUNTRY?	8		9 BALTIMORE CITY		Y OF DEATH			
No.	(OUNTRY)	TIC	70.	MARRIE		D-711	- 0:	1		
	Maryland ITY OR TOWN OF DEATH	US.		WIDOWE	DROTHER INSTITUTION	Baltimo			F BUSINESS OF	
1		(IF NOT IN SU	CH FACILITY, GIVE STREET		OTTER INSTITUTION	TYPE OF WORK FOR MOST	OF WORKING		tin	
	Baltimore	1129	Newcomb		, 21205	Fork Lift	Opr		rietta	
	AL RESIDENCE HE NURSING HOME OF		13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP COI)F		
1	Maryland		Baltimo		YES TO NO	1129 Nev			21205	
	ATHER'S NAME			10	15 MOTHER'S MAIDEN NA		COM	Z Hay	<u> </u>	
	William H. C	WIDDIE	LAST		FIRST	WIDDLE		LAS	T	
_	William H. C	asey	16b SOCIAL SECU	DITY NO	Carrie B	. Davis	PESS			
	YES, NO OR UNKNOWN) (IF YES, C	SIVE WAR OR DATES)								
	NO -	_	214-01-	5948	Julia Wrice	ght, 1131 N	lewco			
	18 CAUSE OF DEATH (Enter	only one cause pe	r line far (g), (b), and	dicin				BETWEEN	MATE INTERVAL DISET AND DEATH	
	PART I DEATH WAS CAUS	SED BY: ATE CAUSE (a)	Card	une 1	arrest					
	, and the second		DAS A CONSTOUR	NCE OF						
5.4	Canditions, if any, which	DUE TO, C	R AS A CONSEQUE	NCEUE	relure					
	gove rise to immediate	(6)_	(deno)	70	1					
	couse (a), stating the underlying couse lost.	DUE TO, C	R AS A CONSEQUE	NCE OF	Le Duo Pri	reare				
И	andenying toose tosi.	(c)_	/ VI (T	ray	vacue 11	CLE PE				
_	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	UDITION G	IVEN IN PART I	0	
CERTIFICATION		luon	e lun	9	Jereart					
TAT	190 DATE OF OPERATION	196 CONE	ITION FOR WHICH	OP RATIO	N WAS PERFORMED	20e AUTOPSY?		ES, WERE FINDIN		
IF.	The second second					YES TO NOT		TIFYING CAUSES	NO T	
ERI	210 ACCIDENT WAS UNDERLYING	21b TIME C	OF INJURY		21c HOW INJURY OCCUP					
	OR CONTRIBUTING CAUSE OF D	EATH HOUR A	M. MONTH DA	YEAR						
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		.M.	19						
AED	21d INJURY OCCURRED		OF INJURY REET, FACTORY OFFICE, F.	ARM ETC)	211 LOCATION	CITY OR T	OWN	COUNTY	STATE	
-	AT WORK AT WORK	- 6.0		1-0			17			
	22a I certify that (1) (this has			191	. 19	10 7000	ant"	. 19	that (I) (we) las	
	saw the deceased alive of	aprior	2 who	0	nd that in (my) (our) opinion	death occurred on the	date and h	our and from the	couses stated	
	The Signature	or view the body	uner deam.		DEGREE			22c. DATE	SIGNED	
	Chillott	MITT	1111		ATTENDING		AFF	121.	107	
	224. PHYSICIAN'S NAME (TYPE		u			DIRECTOR PHYS				
	ZZB. FITTSICIAIN SINAME (TYPE	OR PRINT)			Fran	ncis Scott	: Key	Medica	al Cnt	

DHMH - 16 60M 7/84 (VRA 15, 4)

23e. BURIAL, CREMATION, REMOVAL Burial
24 FUNERAL DIRECTOR

6 TATE REGISTRAR

23c. NAME OF CEMETERY OR CREMATORY

2121

23d LOCATION
CITY OF TOWN
Balto

Eastern Ave,

7 Mt. Carmel Cem 3331 Brehms Lane 250 DA 10/3/87 BY REGISTRAR 25h REGISTRAR'S SIGNATURE

Dr. Sheldon Gottlieb, M.D.

SCHIMUNEK FUNERAL HOME, Balto, Md.

23b. DATE

Md.

CONTRACTOR OF STREET

E 10 1 10 1

DHMH - 16 60M 7/84 (VRA 15, 4) STATE OF MARYLAND

250 DATE REC'D BY REGISTRAR 256 REGIS

page 3

STATE OF MARYLAND Item 23a,23d G631 9-17-87 SB DEPARTMENT OF HEALTH AND MENTAL WIGHEN per Funeral Home - STATE CERTIFICATE OF DEATH SEP 7 RREGISTRAR REG. NO . DECEASED NAME MIDDLE 20 DATE OF DEATH HIMOM 26 HOUR (TYPE OR PRINT) 87 CHA! K SALLIE 9 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH 190 BLACK FEMALE 58 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | SC U.S.A. BALTIMORE CITY WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR CAMERON ROAD "DOMESTIC BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY BALTO. 130 STREET ADDRESS / ZIP CODE 1071 CAMERON ROAD 134 INSIDE CITY LIMITS? 21212 MD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME TOM MIDDLE MIDDLE BELL CHÂLK PRICE ADDRESS 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 217-22-2805 WILLIE OWENS 1213 RAMBLEWWOD ROAD 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and 10:1 PART I. DEATH WAS CAUSED BY CARDIORESPIRATORY ARREST Minute: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF CARDIAC ARRHYTHMIA Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last ATHEROSCLEROTIC VASCULAR DISPASE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE AT HOME STREET FACTORY OFFICE FARM, ETC 1 MHITE NOT WHITE 220.1 certify that (1)(this haspital) attended the deceased from Julu 8/24 saw the deceased alive as 8 2 4
above. (1) (we) (did) (did not) view the body after death and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Johns Bleyer MATHON 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 235 DATE RANDRIGUETOWN MD18 RURIAL Baltimore Cemetery 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

OHAH - 16 60M 7/84

WM. C. MARCH F/H, INC. 1101 E. NORTH AVENUE

VUE SEP

1 6 1987

Julia Tierden Parles

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNAL

Julia Devidion- Ra

STATE OF MARYLAND

B PEGISTRAR			DEPARIM		ICATE OF DEATH	HYGIEN	REG. NO	D.		1
1. DECEASED NAME (TYPE OR PRINT)	Will.	am	WIDDLE	~ 1	nesson ir	20	DATE OF DEATH	MONTH	12 87	26 HOUR
3. SEX		RACE		5 DATE C		6.	AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 MRS
mal	e	B190	CIC	MONTH			67	YRS		HOURS MIN.
TO BIRTHPLACE (STATE COUNTRY) MARYLAN		CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	0 11	BALTIMORE CITY O	F COUNT	TY OF DEATH	MI
BALTIMOR		(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION SNTER	(T	USUAL OCCUPATION OF OF WORK FOR MOST OF			OF BUSINESS OF
USUAL RESIDENCE (# 130. STATE MARYLAND	NURSING HOME OR OTH		GIVE RESIDENCE BEFORE	N	130 INSIDE CITY LIMITS		STREET ADDRESS			
14. FATHER'S NAME FIRST	AM	DIE	Chesson	1	15 MOTHER'S MAIDEN FIRST VICTO		MIDDLE		WAI	IACE
160 WAS DECEASED E (YES, NO OR UNKNOW!			212-12	RITY NO.	17 INFORMANT		ADDRE	SS		
Conditions, if gove rise to couse (a), underlying of	any, which immediate stating the couse last.	DUE TO, O DUE TO, O (b) DUE TO, O (c) NDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE THE TOTAL CONTRIBUTING TO CO	ENCE OF	PULLUS TO THE TO	ERMINA	AL DISEASE OR CONI	DITION G	SIVEN IN PART 1	NGS USED
E E							YES NO		TIFYING CAUSES YES	NO [
OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OC	CAUSE OF DEATH	P. 21e PLACE	M. MONTH DA	19	216 HOW INJURY OC	CURRED	ENTER NATURE OF INJUI		8 PART I OR PART 2) COUNTY	STATE
220.1 certify the	ot (I) (this hospital			8£	nd that in (my) Gur Nopil DEGREE	IG /	MEDICAL STAI	FF _		that III well as couses stated
	LEEM		iokpehs	ni i un	PHYSICIA 220 ADDRESS	N	med es		lenter	
230 BURIAL, CREMAT	The same of the sa	236. DATE		PRRIS	CEMETERY OR CREMATO	ORY El.	OUINGS	Mile	S COUNTY N	MARULAN

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other froumofic event, The

24 FUNERAL DIRECTOR

REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND)67574 OCT - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH **GEGISTRAR** REG. NO. 20 DATE KNOWN 26 HOUR (TYPE OR PRINT) OF DEATH MATED William **NELSON** 9 28 19 87 4. RACE AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR. IE UNDER 24 HRS 2c. DATE 2d HOUR DAY YEAR LAST BIRTHDAY) PRONOUNCED 8:53 Male 25 White Sept. 24 DEAD 62 28 87 YRS 19 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Maryland USA WIDOWED [DIVORCED Baltimore City CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS CLOWNSTRY Kev Medical Center Fork Lift Operator Baltimore SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland Dundalk YES [NO X 2509 York Way Apt. THER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST LAST FIRST William Henry Chester Beulah Eiserman 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 212-20-5588 Stella M. Chester 710 Primson Ave. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEAT IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to OF HEALTH 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT YES DO NO [OF 3 SHOULD B 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK STATE PAGE 4 SHOULD BE TOWN TO FUNERAL DIRECTOR; PAFER DEATH, WITH THE ST BALLIMORE, MARYLAND. 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted fram: Natural causes Accident Homicide . Undetermined manner TITLE (SPECIFY) ACTUAL 9-29-37 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 73¢ NAME OF CEMETERY OR CREMATORY STATE Loudon Park Cemetery 10/2/87 Burial Baltimore 07/84 Marvland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR **DHMH** - 17 ulia Dividion. Pandall (VR AT5 ME (5)) Hubbard Funeral Home, Inc. 4107 Wilkens Ave



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CTOR AN		22a. I certify that (1) (this hasp	ital) attended the deceased from 56PT 7.7. at) view the bady after death.	5.63	nd that in (m) (aur) apinian	death accurred on the date and hour	19, that (I) (we) I
TALOR The horached deteched best Diff.		276. SIGNATURE	w Bhilin		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 9-7-2-8
O HOSPIT.		ERIC B	LIEBERMAN		600 N.WO		MORE MD ZI
BP		BURIAL, CREMATION, REMOVAL			URN CEMETERY	BALTIMORF,	COUNTY STATE
DHMH = 16 60M 7/84 (VRA 15, 4)		M. C. MARCH F/H	I, INC. 1101 Ess	NORTH		E REC'D. BY REGISTRAR 256 REGISTI	RAR'S SIGNATURE

1. DECEASED NAME (TYPE OR PRINT)

STATE OF MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DE

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Ŀ	DEATH	MATED		9-1	17	19 87	A

	公司の表に	1000		George		FR	ANK		Chry	stie		DEATH MATED [5-1	1 1981	٨
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230 BURIAL, CREMATION, REMOVAL 236. DATE Cremation

9/21/1987

736 NAME OF CEMETERY OR CREMATORY Green Mount Crematory 23d. LOCATION Baltimore, Maryland 21202

DHMH - 17 (VR A15 ME (5))

07/84 25M

24. FUNERAL DIRECTOR Walter Brooks Bradley, Inc. Balto., Md. 21222

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25M	DHMH - 17 (VR A15 ME (5))	Sc 3.	chalmune 331 Bre	ek Fune	eral Home	, I	nc. Md.	212	13	SEP 1	8 1987 TRAP	ia Dand	wn-Rudae	4	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL ATGIENE CERTIFICATE OF DEATH

nerol directar, page 3 n 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate be executed retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove cortient pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or immoral.

DHMH - 16 60M 7/84 (VRA 15, 4)

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	Maryland -		Baltimo		ES X NO	3613 Bayo			21206	
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	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEALING AUSTRALIAN AUTORN AUTOR	19b CONDITIONS CONDITI	ONTRIBUTING TO DITION FOR WHICH OF INJURY .M. MONTH .M. OF INJURY REET, FACTORY, OFFICE	DAY YEAR 19 E FARM, ETC.) 21 DEG	AS PERFORMED C. HOW INJURY OCCL I LOCATION STREET 19 not in (my) (aur) apinio	YES NO	20b. IF YE. IN CERTII YE URY IN ITEM 18 1	S, WERE FIND EYING CAUSE S PART 1 OR PART 2) COUNTY 19 or and from th	NO (I), that (I)	STATE (we)
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (199 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEALER AND COURSED CAUSE OF DEALER OF DEALE	19b CONDITIONS CONDITI	ONTRIBUTING TO DITION FOR WHICE OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE The deceased from	DAY YEAR 19 E FARM, ETC.) 21 DEG	AS PERFORMED C. HOW INJURY OCCL I LOCATION STREET 19 That in (my) (aur) opinion REE ATTENDING PHYSICIAN e ADDRESS	Z00 AUTOPSY? YES NO DEX NO N	20b. IF YE IN CERTII YE IN CERTII YE URY IN ITEM 18 1	S, WERE FIND FYING CAUSE SS D PART 1 OR PART 7) COUNTY	NO I	STAT
MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (1) 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEALER THE LITTLE OF	19b CONDITIONS CONDITI	ONTRIBUTING TO	DAY YEAR 19 21 E FARM, ETC.) 21 22	AS PERFORMED C. HOW INJURY OCCU I LOCATION STREET 19 not in (my) (aur) opinion REE ATTENDING PHYSICIAN ADDRESS 9000 Fran	Z00 AUTOPSY? YES NO DEX JRRED (ENTER NATURE OF IN) CITY OR T In death occurred on the of DIRECTOR PHYSI Klin Square	20b. IF YE IN CERTII YE IN CERTII YE URY IN ITEM 18 1	S, WERE FIND FYING CAUSE SS D PART 1 OR PART 7) COUNTY	NO I	STATE (we)
WEDICAL MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (199 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEALER AND COURSED CAUSE OF DEALER OF DEALE	19b CONDITIONS CONDITI	ONTRIBUTING TO	DEATH BUT NO TH OPERATION W DAY YEAR 19 21 21 22 22 22 22 22 22 24 24 26 27 27	AS PERFORMED C. HOW INJURY OCCL I LOCATION STREET 19 not in (my) (aur) apinio PHYSICIAN ADDRESS 9000 Frant ETERY OR CREMATORY	Z00 AUTOPSY? YES NO DEX JRRED (ENTER NATURE OF IN) CITY OR T In death occurred on the of DIRECTOR PHYSI Klin Square	20b. IF YE IN CERTIII YE IN CERTIII YE IN ITEM IS I	COUNTY	, that (I)	STATE (we)

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Leannest L. While And the Court of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

	CEASED NAME	FIRST	Α.	AIDDLE	L	AST		Zo DATE OF	DEATH MONTH	DAY	YEAR	26 HOUR
TITPE	OR PRINT)	ELMAR		W,	CLARK		Sr,		9-1	14-8		
3. SE	X	4	RACE		5. DATE O			6. AGE IN YEA	ARS LAST BIRTHDAY)	MON	NOTE LYEAR	IF UNDER 24 HRS
ian.	Male		White		Augu	ıst 8	, 1912	75	YRS		THS DAYS	HOURS
	RTHPLACE (STATE ORF	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8.	- C - NC	ER MARRIED	9 BALTIMOR	E CITY OR COUN	ITY OF	DEATH	
	West Virg	inia	US	A	WIDOWE		DIVORCED	Balti	imore Cit	-y		M
	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN H FACILITY, GIVE STREET		ROTHER	NOITUTITZMI	120 USUAL O	CCUPATION OR MOST OF WORKING		126. KIND O INDUSTRY	F BUSINESS O
	ltimore			lvern Rd.				Tond:	ing Dock		Loas	or Bro
	AL RESIDENCE (# NURSI STATE Maryland	13b. COUNT		GIVE RESIDENCE BEFORE 134 CITY OR TOW Baltimo	N I	13d INSI YES X	DE CITY LIMITS?		odress / zip co		2122	
14. F.A	ATHER'S NAME					15 MOTI	HER'S MAIDEN NA	ME				
	Elmer	M	DDLE	Clark			Minnie		WIDDLE		Maka	ayue
	VAS DECEASED EVER			16b. SOCIAL SECU	RITY NO.	17 INFO	RMANT		ADDRESS			
1	NO OR UNKNOWN)	(IF YES, GIVE)	WAR OR DATES	216-05-5	5679	Ed	na Burri	s 1428 (Owen Dr.	F]	Lorida	a 34619
No	Conditions, if ony, gave rise to imm couse (o), stain underlying couse	which nediote g the lost.	DUE TO, OF	R AS A CONSEQUE	NCE OF	oro		irter)	r disea	se	Seve	
CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PE	RFORMED	20a AUTOF		OF DEATH?		
MEDICAL CERT	218. ACCIDENT WAS UNDERLYING 218. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING P.M.				Y YEAR		W INJURY OCCUR		NO INJURY IN ITEM	YES [
MED	21d INJURY OCCURE WHILE AT WORK AT WORK	BE (T)	21e. PLACE ((AT HOME, STR	OF INJURY BET, FACTORY, OFFICE F	ARM, ETC.)	211 LOC	ATION TREET		CITY OR TOWN		COUNTY	STATE
	27a I certify that (1) sow the decease above, (1) (we) (c 27b. SIGNATURE	According to the second	view the body	19	, on	DEGREE	ATTENDING PHYSICIAN	death occurred				
	22d PHYSICIAN'S NE	& ME (TYPE OR I	L.	F-/e9		22e AD	FENCIS	Scott	tey M	edi	ica/	Cente

should be detoched for use with the State Dept. of Heo IMPORTANT: If them 21 is m

TO FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Ave Balto Md 21222

(SPECIFY)

marked or frem 18 shows any

FOR
- STATE
7 REGISTRAR

23m. BURIAL, CREMATION, REMOVAL 23b. DATE 9-17-87 23c NAME OF CEMETERY OR CREMATORY Oak Lawn

23d LOCATION
CITY OR TOWN
Baltimore Maryland

STATE

FOR

STATE OF MARYLAND	8 /
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	1 6

2 5 5

	REGISTRAR				CERTIF	FICATE OF DEATH	REG.	NO	15.00	P
	CEASED NAME	LOIS		J.		CLARK	20 DATE OF DEATH SEPTEME		1987	26. HOUR 11:5
3 SEX	FEMALe		4 RACE BLAC		5. DATE O	H DAY YEAR	6. AGE (IN YEARS LAST		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STA COUNTRY) TTH CARD		76 CITIZEN OF U.S	WHAT COUNTRY?	8 MARRIE WIDOWI	DEN NEVER MARRIED	9 BALTIMORE CITY BALTIN		OF DEATH ITY	MD
5	BALTIMO	RE /	THE	TOANS HOPK	CINS I		170 USUAL OCCUPA (TYPE OF WORK FOR MOS COOK	ITION TOF WORKING LIFE	E) INDUSTRY	T.C.
13a. S	AL RESIDENCE (1) STATE LRYLAND	13P COA	ROTHER INSTITUTION NTY CIL	GIVE RESIDENCE BEFORE 131 CITY OR TOW PORT DEPO	N	YES NO	13e STREET ADDRESS		21	984
0		UNKNOWN	MIDDLE	LAST		IS. MOTHER'S MAIDEN NA BENNIE	MIDDLE		MOSE	
	VAS DECEASED I VES NO OR UNKNOW		RMED FORCES?	207-12-27		GEORGE A. C.		77. P	ORT DEF	
	18 CAUSE OF E PART I. DEA	BETWEEN O	mate interval onset and death minute							
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF (b) Sepsis DUE TO, OR AS A CONSEQUENCE OF A SPITATION PREVIOUNDER (c) A SPITATION PREVIOUNDER							16	hours	
NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Renal Failure, Dementia									0
CERTIFICATION	19a DATE OF O	PERATION	196 CONE	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	
	210. ACCIDENT W. OR CONTRIBUTING		ATH HOUR A	DE INJURY A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 P.	ART I OR PART 2)	
MEDICAL	21d. INJURY OC	CURRED	21e PLACE (AT HOME, S	OF INJURY TREET FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR	town	COUNTY	STATE
	saw the de above, (1) p	Copyad plive	of sies the boo	he deceased from	87.	nd that in (my) Currentian	, to, death accurred on the	dote and hour	ond from the	that (It we) ast couses stated
	276. SIGNATUL	Ha	4 >	Lucan		DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN 🔂	221 DATE	116/87
	22d PHYSICIAN	Jacy	70	een M	D	600 N	· Wolfe	Stree	+ Bal	to. MD
	BURTAL	5				CEMETERY OR CREMATORY URY CEMETERY			ECTL MA	
	A. PA	Her	& SÓN.	PERRYVIL	LE.MA		EP 1 8 1987	1	RAR'S SIGNAT	

LEE A MATTERSON & SON, PERRYVILLE, MARYLAND.

DHMH - 16 60M 7/84 (VRA 15, 4)

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RECORDS

STATE OF MARYLAND CERTIFICATE OF DEATH

2553

A7- STATE REGISTRAR DECEASED NAME EIRST MIDDLE LAST 28 DATE OF DEATH MONTH 2h HOUR TYPE OF PRINTS RICHARD CLARK SEPTEMBER 22, 1987 10:50 WHIT SEX 4. RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 18 45 MAT.E BLACK 72 TO BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA BALTIMORE CITY WIDOWED [DIVORCED [O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) LOBORER INDUSTRY N/A THE "JOHNS HOPKINS" HOSPITAL BALTIMORE SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 1653 CLIFTVIEW AVENUE 21213 136 COUNTY 1136-CITY OR TOWN 13d INSIDE CITY LIMITS? YES T NO [MD RALTIMORE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE UNKNOWN SÄNDY CLARK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO CRUNKNOWN) N/A ALICE CLARK 1653 CLIFTVIEW 21213 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and is PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse lal, stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TERMINAL DISEASE OR CONDITION GIVEN IN PART 118 CATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 70h. IF YES, WERE FINDINGS USED NO YES T

IN CERTIFYING CAUSES OF DEATH? 71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION

CITY OF TOWN (AT HOME, STREET, EACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify the this hospital) attended the deceased from_ . 19.

sow the deceased al ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above the we) (did fold not view the body after death

77e ADDRESS

23a. BURIAL, CREMATION, REMOVAL 236. DATE

BURTAT

24 FUNERAL DIRECTOR

231 NAME OF CEMETERY OR CREMATORY

GARRISON FOREST

73d LOCATION CITY OF TOWN OWINGS MILLS

DIRECTOR PHYSICIAN

STAFF

STATE

MD

DHMH - 16 60M 7/84

FUNERAL

BP

d b shoul 0

. C. MARCH F/H INC. 1101 E. NORTH AVENUE

9/28/87

ATTENDING MEDICAL

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

(VRA 15, 4)

0	6588 SEP 16	87	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 7 2553				
	1 DECEASED NAME (TYPE OR PRINT)	Frances	CLYDE	September 11, 1987				
	3 SEX FEMALA	4. RACE WHITE	5. DATE OF BIRT 29, 1904	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS				
31	BIRTHPLACE (STATE OR FOREIGN COUNTRY) WSA	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCEDX	BALT. CITY				
7	BACT.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET,	GHOME OR OTHER INSTITUTION ADDRESS) LTOS P.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Selfemp. 12b. KIND O INDUSTRY Tave				
34	USUAL RESIDENCE IN NURSING HOME OF 130, STATE MD	DROTHER INSTITUTION, GIVE RESIDENCE BEFORE JINTY / 13t. CITY OR TOW AA Glen Bu	N 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 125 Faywood Ct. 2				
10	David	J. Lewis	15. MOTHER'S MAIDEN NA FIRST Florence	ME MIDDLE LAS A. Mac Don				

	MD VS/+	1	0264	WIDOWI	DIVORCEDXX	MACT. CI	74	MD.
19 CI	ALT.	ля 11. 5		OSPITAL, NURSING HOME (HEACILITY, GIVE STREET ADDRESS) TO GEN LIOS		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Self emp.		12b. KIND OF BUSINESS OR INDUSTRY Tavern
		131C COUNTY AA		GIVE RESIDENCE BEFORE ADMISSION) 131. CITY OR TOWN Glen Burnie	13d INSIDE CITY LIMITS? YES NO KK	13e STREET ADDRESS / 125 Faywood		21061
19.54	David	J.	lE.	Lewis	Florence	A.		ac Donald
	VAS DECEASED EVER	U.S. ARMED	R OR DATES)	214053547	Weldon E. D	addres ungan(P.R.)		Burnie, MD
7				(ARDIAC A	HRREST			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR								
TIFICATI	VENT, ARI		19b. CONDI	TION FOR WHICH OPERATIO	NEMIA-			
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING AND			M. MONTH DAY YEAR M. 19	216. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR		OUNTY STATE
W	22a I certify that (I) sow the decease	(this hospital)		e deceased from	nd that in (my) (sur) opinion	7 . to 9 : 11	, 19.	### T, that Ih (we) lost
	abave, (I) (we) (c 2?b. SIGNATURE	did) (did not) vi	Ince	ofter death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	221 DATE SIGNED 9.1187
	22d. PHYSICIAN'S NA	AME (TYPE OR PRI	,		22e ADDRESS	(-F2/. 1471)	42	

sould be detach MPORTANT, II

23a BURIAL, CREMATION, REMOVAL Cremation 12 Sept.1987

23c NAME OF CEMETERY OR CREMATORY

Security Process Inc

23d LOCATION
CITYOR TOWN
Catonsville, Balt. MD

STATE

IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Singleton Funeral Home, Glen Burnie, MD

D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1987 SFP

Resideon Randall

1				STAT	E UF MARYLAND	8 7 2 5	5 3 &
8 4 8 SEP 2	5 8	7 OR STATE		CEDIL	EALTH AND MENTAL HY	GIENE	
		REGISTRAR HELE		I		REG. NO	
		EASED NAME FIRST	WIDDLE	1	AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
noy be poge 3		Helei	ne W.	-	ockey	09	22 87 2 PM
	3. SEX		4 RACE	S. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
cton s of		FEMALE	WHITE	10		94 YRS	
2 52		RTHPLACE (STATE OR FOREIGN OUNTRY)	Th CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
1 12 3		OUTH CAROLINA	U.S.A.	WIDOWI		BALTIMOR	E CITY MD
1 /4 /	10 CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME	- 0.3	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
及 to 37		BALTIMORE	(IF NOT IN SUCH FACILITY, GIV		caital	TEACHER	
5 4 3 - V	USUA	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE	1	prin		EDUCATION
4 4 b 5 5	13e S				134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	
1 /2 -		MARYLAND HOWA	KD COLU	UMBIA	YES NO XX	FORELAND GART	H 21045
1/368361	TA A	FIRST		AST	FIRST	WIDDIE	ŁAŞT
P	1	CLARENCE		LACE	JENNY	R.	HODGES
			E WAR OR DATEST	L SECURITY NO.	17 INFORMANT	ADDRESS CA	TONSVILLE MD
		NO	216-1	18-9751A	LOUISE NEWS	5731 FOX HALL	
0 552 4		18 CAUSE OF DEATH (Enter on		(b', ond ic')	11 1	T.1	BETWEEN ONSET AND DEATH
g physic g physic remaval		PART I. DE ATH WAS CAUSE IMMEDIAT	E CAUSE (o)	ngestil	le Heart	Failure	Years
th certinding procession of the corporation of the			DUE TO, OR AS A CON	NSEQUENCE OF			
e death ce to attending nove carb lation, or r froumatic		Conditions, if ony, which	((b)				
the deat		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	VSEQUENCE OF			
5 5 g 5 f		underlying couse lost.	DOE TO, OR AS A CO.	136 006 110 6			Pet Common Commo
0 0 0 0		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TEL	MINAL DISEASE OR CONDITION O	IVEN IN PART 110
equire n signe Then p to bui	O	History of	Pancreati	tis	History of	Recent Chol	ecystectomy
ow re-	AT	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
e u po o o o o o o o o o o o o o o o o o	TIFIC						TIFYING CAUSES OF DEATH?
	CERTIFICATION	21a ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM T	
SICIAN: TI op physicia certificate rial-transit ental Hygi frem 18 sh		OR CONTRIBUTING CAUSE OF DEA					
HYSICIA ding ph dis certif buriol-t Mentol or frem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	71f LOCATION		
	ME	WHILE NOT WHILE	(AT HOME, STREET FACTORY	OFFICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
or offer the est the off hond marked				,	9/22 10	37 9/22/	10 6 7 show the (wee) local
TENDING stol or o OR. After or use os f Health		220 I certify that the hospi			-	on death occurred on the date and h	, Ty, Thot (II (we) lost
DR ATTEN hospitol iRECTOR. Shed for us rept of He them 21 is		obove (I) well did (did no	t) view the body ofter death	1.	DEGREE	an acom accounts on the date and the	
0 0 0 0 0 0		176. SIGNATURE	210 11	0	ATTENDING	MEDICAL STAFF	220 DATE SIGNED
PITAL by th ERAL ee deto Stote		Mr W	oraa pl	<i>y</i>	PHYSICIAN		1/24/01
HOSPITAL bined by th StUNERAL ould be detented to the Stote PORTANT:		27d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	0	27. ADDRESS	2/2/10	14 412 2111
PO FILE		NEVINS W	. 10ad .	H.P.	50/ 57.	Taul Tlace D	ATT. MS 21202

23c NAME OF CEMETERY OR CREMATORY

GARRISON FOREST

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

²⁴ FUNERAL DIRECTOR M & RUSSELL C WITZKE FUNERAL HOMES 1630 EDMONDSON AVE. CATONSVILLE MD 21228 SFP 24

9/26/87

23b. DATE

230 BURIAL, CREMATION, REMOVAL

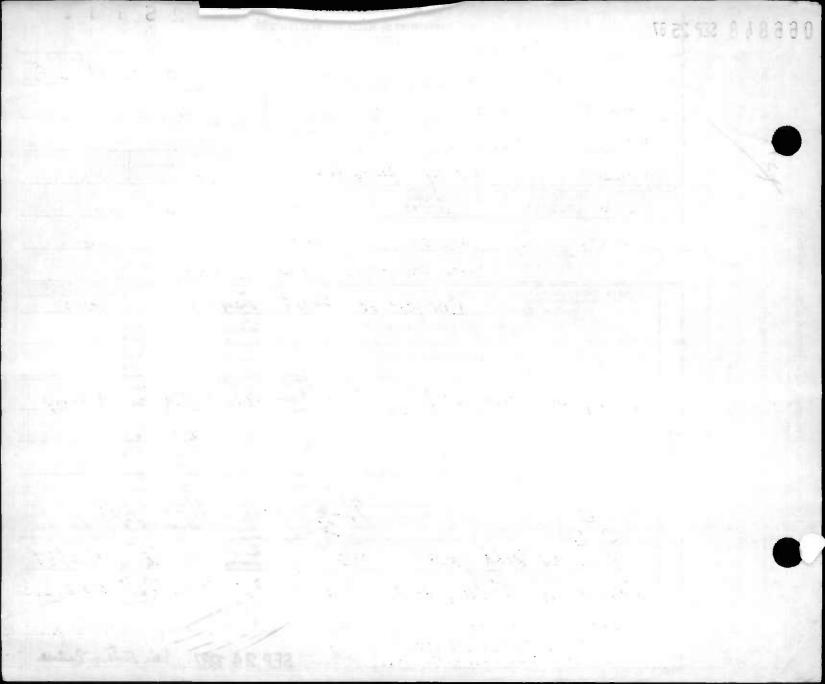
BURIAL

(SPECIFY)

OWINGS MILLS BALTIMORE MARYLAND
CD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23d LOCATION

COUNTY



DHMH - 16 60M 7/8

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1000		CONTRACTOR OF THE PARTY OF	

T -	D A	FOR STATE REGISTRAR		DEPARTMI		EALTH AND MENTAL HYG	IENE REG. NO.	255	33
	DE (TYPE	CEASED NAME FIRS	PRGE	L.	L	COHEN	SEPT. 29,198		5:17P
	3 SE		4. RACE White		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	R IF UNDER 24 HRS.
1		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	Sept			INTY OF DEATH	
9	N	lew York	U.S.A	4	MARRIE	NEVER MARRIED	BALTIMORE CITY OR COL		AAD
200	5	BALTIMORE	JOHNS	HOPKINS H	HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORK CLETR	12h KIND	OF BUSINESS OR GOV't.
6	130. S Ma	ryland M		give residence before at 13c. CITY OR TOWN Potomac	DMISSION)	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP G 12289 Greenle	CODE	
1	14 FA	Max	MIDDLE	Cohen		IS. MOTHER'S MAIDEN NAM ESTELLE	WIDDLE	lunk	nown)
n	Ina V	VAS DECEASED EVER IN U.S		166. SOCIAL SECURI		17 INFORMANT	ADDRESPO	tomac, Md	. 20854
1	-		43-1945	127-14-4		Chasza Cohen		reenleaf Avenue;	
		PART I. DEATH WAS CA	AUSED BY:	^					XIMATE INTERVAL
		IMME	EDIATE CAUSE (o)			ry arrest		- 6-3	s minutas
		Conditions, if ony, which		Septic :				64	us
		gave rise to immediate couse (a), stating the underlying couse los	DUE TO OR	AS A CONSEQUEN					
Н		PART 2 OTHER SIGNIFICA	ANT CONDITIONS CO	NTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	N GIVEN IN PART 1	10
	TION	Probable isc		an failure					
1	CERTIFICATION	9/25/87		TION FOR WHICH O			INC	FYES, WERE FINDS ERTIFYING CAUSES	
/	ERTI	21a, ACCIDENT WAS UNDERLYIN			canc		ED (ENTER NATURE OF INJURY IN ITE.	YES	NO 🗌
4		OR CONTRIBUTING CAUSE C	OF DEATH HOUR A.A			The state of the s	ED (EMERICATIONS OF INJUNI NATIO	WID PARTI OR PART 2)	
1	MEDICAL	21d. INJURY OCCURRED	21e. PŁACE C		19	211. LOCATION			
	ME	WHILE NOT WHILE T	(AT HOME, STRE	ET, FACTORY, OFFICE FAR	M ETC)	STREET	CITY OR TOWN	COUNTY	STATE
		22a.1 certify that (1) (this !			9/15	19 87	, to 9/29	19 87	, that (f) (we) lost
		sow the deceosed oliv obave, (1) (we) (did) (d	id not) view the body of	ofter death	7 , one	d that in (my) (our) opinion d	eoth occurred on the date and	hour and from the	couses stated
		276 SIGNATURE	Jahanda		C	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		SIGNED /30
		Aldn You	type or print) handa	Year This		Dept of Su	igery, Johns	Hopkins	
	0	URIAL, CREMATION, REMO	DVAL 236. DATE			METERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	Bu	rial	10/2/87	7 King	Dav.	id Mem. Garden		1; Fairfax	va.
4		INERAL DIRECTOR DANZ					150 1987 STRAR 256. RE	GISTRAR'S SIGNA	MARK
	11	70 Rockville	Pike; Rock	rville, Ma	. 20	852	U		

00T 0 5 1987

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGTENE
CEDTIEIC ATE OF DEATH

7	1-07	FOR STATE REGISTRAR			DEPAR		BALTH AND MENTAL HY				
1	I DE	CEASED NAME	FIRST		AIDDLE		AST	REG. I		DAY YEAR 7h I	HOUR
		(T) (100 00)	11LDF			CC	HEN	SEPTE	MBER	30 100h	12:46A
П	3. SE	Х		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY)		NDER 24 HRS
		FEMALE		WHIT	WHITE		7, 1912 YEAR	75	YRS.	MONTHS BATS HOL	IRS MIN.
1	7a BI	IRTHPLACE STATE OF F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	(? 8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
-		MARYLAND			USA	WIDOWE		BALTIMORE CITY			
6	10. CI	ITY OR TOWN OF DEA	TH				OR OTHER INSTITUTION	12a USUAL OCCUPA		126 KIND OF BUS	SINESS OR
Ś	B	ALTIMORE			MARYL		HOSPITAL	HOUSEWIF		AT HOM	
É		AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BER STATE 136 COUNTY 136. CITY OR TO BAL					134 INSIDE CITY LIMITS?	ZIP COD	APT. 201 NG AVE. #2		
-	14 FA	ATHER'S NAME			LAST		15. MOTHER'S MAIDEN NA				
		SAMUEL				SS	FIRST	ENNIE		STEIN	BERG
	16a V	WAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SEC			MARK COHEN	ESSINIT		DLICO
	NC	NAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	212-03-		1101 ST. P		LTO.,		
		18 CAUSE OF DEATE	APPROXIMATE BETWEEN ONSET	NTERVAL AND DEATH							
		PART I. DEATH W		D BY: E CAUSE (a)	hyp	ofens.	ion			3.ly	
		Canditians, if any,		DUE TO, OI	R AS A CONSEO	UENCE OF	Lilone			50.	·42
		couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Stenosis							long	tum.	
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I									
i d	CAT	190. DATE OF OPERAT	19b. COMDI	TION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	206 IF YE	S, WERE FINDINGS L	JSED	
2	CERTIFICATION	9/25/8	>		enfie	entic stemosis				FYING CAUSES OF D	EATH?
7		OR CONTRIBUTING	AUSE OF DEA	TH HOUR A.	M. MONTH	TH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE C			URY IN ITEM 18	PART T OR MART 2}	
	MEDICAL	21d. INJURY OCCURR		21e PLACE (19	211 LOCATION				
	ME	WHILE NOT WH	RK	(AT HOME, STR	EET FACTORY, OFFICE	FARM, ETC }	STREET	CITY OR T	NWC	COUNTY	STATE
U	re.	22a I certify that (I)		(al) attended the	deceased from	25	Junker 259 87	10 Depte	men 30	19_87_ that (I) (we) last
		saw the decease above, (I) (we) (d	id alive an lid) (did na) view the body	Per death.	0, on	d that in (my) (aur) apinian	death occurred on the	late and hau	ur and I am the cause	s stated
		22b. SIGNATURE	/	18	10.		DEGREE	MEDICAL STA	AFF	THE DATE SIGN	ED
Н		22d. PHYSICIAN'S NA	MAE ITHE	1/1	Kul	1 1.	PHYSICIAN [DIRECTOR PHYS	CIAN	17/39	8 >
		1-	re L	· Gain	us , M.	D.		6 Greene	Stree	A-BEK	uo.
	23o B	BURIAL, CREMATION,	REMOVAL	23b. DATE	730	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(BURIAL		OCT.1,	1987 F	BETH EL	MEM. PARK		LLSTO		MD
	24 FL	JNERAL DIRECTOR	SOL	LEVINS	ON & BRO	DS., INC	25a. DA	TE REC'D. BY REGISTRA			Line
	60	10 REISTER			LTO.,MD	21215		T 6 1987	Julia	, Dandson-Kan	March

STATE OF MARYLAND

REGIST	TRAR			CERTIFICATE OF	DEATH	REG. N	10			
1 DECEASED	NAME FIRST	MIDD	i E	LAST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	
(THE ORPRINT)	130x1	iAmial	E	1110			9-20	3.87	91	
3 SEX	1	4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST BI	RTHDAY	IF UNDER I YEAR	IF UNDER 24	
1	Inlo	1 Rlnas	1	MONTH DAY	YEAR A	69		ONTHS! DATS	HOURS /	
To BIRTHPLAC	E ISTATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	7 7		9 BALTIMORE CITY	OR COUNTY	OF DEATH		
COUNTRY)	1 110	1160		MARRIED NEVE		02 11		1		
10 CITY OR I	OWN OF DEATH	11. NAME OF HO!		WIDOWED 🔀 HOME OR OTHER IN	DIVORCED	126 USUAL OCCUPAT	nore	TIZE KIND O	F RUSINESS	
Ball			CILITY, GIVE STREET AD			ITYPE OF WORK FOR MOST			. 000#1200	
IIISIJAI RESID	ENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIV	E RESIDENCE REFORE AL	405 pital		Define	1		2/3:	
130. STATE	136 COL		Salfmon	- 134 INSIDI	CITY LIMITS?	130 STREET ADDRESS	ZIP CODE	St	2/22	
14 FATHER'S				15. MOTHE	R'S MAIDEN NA		VIIII			
Da	FIRST	MIDDLE	PALO	I Ma	FIRST	MIDDLE		Wali	Jor	
160 WAS DEC	EASED EVER IN U.S. A	RMED FORCES? 16	SOCIAL SECURI	TY NO. 17 INFOR	MANT	ADDR	ESS	-	-	
IYES, NO OF	10 (IF YES G	ONE WAR OR DATES)	49-05-2	083 Ann	a Girif	fin 28	90 W	Garr	ison A	
18 CAU	JSE OF DEATH (Enter of	only one couse per line	for (a), (b), and					BETWEEN	MATE INTERVA	
PAR	RT I. DEATH WAS CAUS	SED BY		OPULM	ONAR	Y ARRE	ST			
	IMMEDIA	ATE CAUSE (0)								
1 2 5		DUE TO, OR A	S A CONSEQUEN	ICE OF		1				
	tions, if ony, which	(b)	CAR	CINOMI	4 - P	ANCREA	17			
	gave rise to immediate Couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
under	lying couse lost	100E 10, 011 A.	3 A CONSEGUEN							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE								N IN PART TIE		
	COPD. Severe									
	TE OF OPERATION	196 CONDITIC	DITION FOR WHICH OPERATION, WAS PERFORMED			20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH				
<u>₹</u>			P			YES TO NOT		YING CAUSES	OF DEATH	
21a AC	CIDENT WAS UNDERLYING	21b TIME OF IN	NJURY	21c HOW	INJURY OCCUR	RED (ENTER NATURE OF IN)			,,,,	
00.000	TRIBUTING CAUSE OF D	CAIN	MONTH DAY							
O (# E171	HER NOTIFY MEDICAL EXAMIN			19 211 LOCA	ŽIONI					
#	JURY OCCURRED	21e PLACE OF	FACTORY, OFFICE, FAR		REET	CITY OR T	NWC	COUNTY	5TA	
AT WORK	NOT WHILE						14			
22a 1 c	22a1 certify that (I) (this haspital) attended the deceased from									
sov	w the deceased alive a love, (1) (we) (did) (did r	in	19	, and that in (r	ny) (our) opinion	death accurred on the o	date and hour	ond from the	couses state	
	GNATURE	or view the body off	er deorn.	DEGREE				22c DATE	SIGNED	
		wredde	. M.I		ATTENDING	MEDICAL STA	FF CONT	9/	20/0	
201.00	YSICIAN'S NAME (TYPE			22e ADD	PHYSICIAN	DIRECTOR PHYSI	CIAN	1 /	70	
220 PH	-	MSUDD	(4)	776 ADD	1233					
23a BURIAL	CREMATION REMOVA			AME OF CEMETERY C	R CREMATORY	123d LOCATION				
(SPECIFY)	Burial	9/24/8				CITY OR TOWN		COUNTY	51A1	
		3/24/0	or rec	dar Hill C		Anne Ari		CO	Md	
24 FUNERAL			ADDRESS	1	236. DAI	REC'D. BY REGISTRAL	1 / .	- A	URE	
Wm. C	. March F/	H West 430)U Wabash	Avenue	1 St	r 44 1987	Molia	Duridson.	Kundal	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signe should be detached for use as the buriof-transit permit. Then playing the State Dept. of Health and Mental Hygiene prior to buri

etained by the hospital or attending physician.

(VRA 15, 4)

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR John A. Moran, Inc.

Cremation

Green Mount Crem.

Balto

MD

STATE

9:00 PM

SEP 4 1987 Julia Davido - La Julia Davide ... Randall

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THE REAL PROPERTY.					
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		. DOTA TEUD			ne in mage

O SPIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ZIZOT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

18 REGISTRAR		CERTIFICATE OF DEATH	REG. NO.								
I DECEASED NAME FIRST (TYPE OR PRINT) EDWARD	CARLTON	COLEMAN	SEPTEMBER 9, 1	987 2b HOUR P							
SEX. MALF	4 RACE BLACK	5. DATE OF BIRTH MONTH DAY 3 13 40	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.							
BIRTHPLACE (STATE OR FOREIGN MD	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY								
BALTIMORE	JOHNS HOPKINS	NG HOME OR OTHER INSTITUTION HOSPITAL	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR							
JUSTATE IN MIRSING HOME OF MINSTATE	R OTHER INSTITUTION GIVE RESIDENCE BEFOR NIY 13¢ CITY OR TOV BALTIM	VN 13d. INSIDE CITY LIMITS	13. STREET ADDRESS / ZIP CODE 1733 ASHLAND AVE	ENUE 21205							
FATHER'S NAME FIRST WALKER WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GR	MIDDLE COLE RMED FORCES? 166 SOCIAL SECTOR VE WAR OR DATES) 214 – 38 – 2	URITY NO. 17 INFORMANT	ADDRESS	ROBINSON							
18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), or ED BY: TE CAUSE (a) GP AS CONSEQU	lence of Lence of	1716 MONTPELIER S	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1.5-20 Mint							
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	COLONGE TO THE TE	RMINAL DISEASE OR CONDITION GIV	EN IN PART 110							
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	JKI CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO							
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- LIFE ETIMER, NOTIFY MEDICAL EXAMINED	P.M. 21e. PLACE OF INJURY	PAY YEAR 19 211. LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART (OR PART 7) COUNTY STATE							
270. I certify that (1) (this hasp sow the deceased alive on above, (1) (we) (did) (did no	WHILE NOT WHILE										
22b. SIGNATURE	nd Hz	DEGREE ATTENDING PHYSICIAN		224. DATE SIGNED							
22d PHYSICIAN'S NAME (TYPE	chin D. Hum	mcl 600	N. W. 17 57	, Bult, n							
3a BURIAL, CREMATION, REMOVAL (SPECIFY) RUR ΤΔ1		NAME OF CEMETERY OR CREMATOR	CITY OF LOWN	COUNTY MD STATE							

DHMH - 16 60M 7/84

COLEM

(VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
C. MARCH F/H, INC. 1101 E. NORTH AVENUE

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
SEP 1 7 1987 Julia Deviden Rand Julia Scrider Randall

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 requires that the death certificate TO HOSPITAL OR ATTENDING PHYSICIAN: The lo

8 4 thoops

0662

FOR STATE

STATE OF MARYLAND DEP

9	
ARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH	

	ASED NAME	FIRST	MIDDL	E	LAS	51		A DATE	OF DEATH	MONTH	DAY		2b. HOUR
PH	OR PRINTS							Za. DATE	DI DEATH	111011111	DAT	YEAR	Ze HOUR
TIPE	OR PRINTY	LEONAR	D E.		COL	EMAN				9	15	87	
SE:	x	14	RACE		5. DATE OF	BIRTH		6 AGE (IF	YEARS LAST BIF	RTHDAY		DER I VE AR	IF UNDER 24
	MALF		BLACK		2 MONTH	20	őð		27	YRS	MONT	MS DATS	HOURS
	RTHPLACE (STATE	OR FOREIGN 71	. CITIZEN OF WHA	T COUNTRY?	8	NEVER N	ADDIED []	9 BALTIM	ORE CITY C			DEATH	
	MD		11.5.	Α.	WIDOWED		ORCED	BAL	TIMOR	E CIT	ΓY		
0 C	ITY OR TOWN OF	DEATH 1	1. NAME OF HOSE			OTHER INST	ITUTION	12a USUA	L OCCUPAT	ION	11	26 KIND O	F BUSINES
B/	ALTIMORE			MEMOR I A		PITAL			EMPLO			N/	F
13a. S	STATE	IURSING HOME OR O	THER INSTITUTION, GIVE	RESIDENCE BEFORE		13d. INSIDE CI	TY LIMITS?	13e STREET	ADDRESS	/ 7IP COI	DE		
	MD			BALTO.		YES X	NO 🗍	3516	ADDRESS FLI ER	SLIE	AVE	NUE	2121
14 FA	THER'S NAME	M	DDLE	LAST	1		MAIDEN NA	ΜE	MIDDLE	91		LAS	Ŧ
		NKNOWN		4			RGARVER	RITE					EMAN
Iba V	VAS DECEASED EN	ER IN U.S. ARM	WAR OR DATES	SOCIAL SECUI		17_INFORMAL		-11	ADDR	ESS			
	NO OR UNKNOWN	1, 10, 0,10	2	40-25-9	9319	NINA C	OLEMAN	3516	ELLER	SLIE	AVE		
	18 CAUSE OF DE	ATH (Enter only	ane cause per line	for 10), 1b', and	dicii	-	rest				-	BETWEEN	MATE INTERV
	Canditions, if a gave rise to cause (a), st underlying co	immediate	DUE TO, OR AS	A CONSEQUE	calce	mi'a		- 4	-10	a	2		
	gave rise ta cause (a), st underlying ca	immediate ating the use last	DUE TO, OR AS	A CONSEQUE rolely	ecclos meta	static	04	agh	stie	C)	•		
Z	gave rise ta cause (a), st underlying ca	immediate ating the use last	(b)	A CONSEQUE rolely	ecclos meta	static	TO THE TERM	inal DISEA	ste or con		•	N PART III	
ATION	gave rise ta cause (a), st underlying ca	immediate ating the use last IGNIFICANT CC	DUE TO, OR AS	A CONSEQUE NOLELY RIBUTING TO D	ence of meta DEATH BUT N	static			SH & SE OR CON	20b. IF Y	ES, WE	RE FINDIN	NGS USED
IFICATION	gave rise to cause (a), st underlying co	immediate ating the use last IGNIFICANT CC	DUE TO, OR AS	A CONSEQUE NOLELY RIBUTING TO D	ence of meta DEATH BUT N	static		20a AU	TOPSY?	20b. IF Y	TIFYING	RE FINDIN	NGS USED OF DEATH
CERTIFICATION	gave rise to cause (a), st underlying co	immediate ating the use last IGNIFICANT CO	(b) DUE TO, OR AS (c) ONDITIONS CONTITIONS CONTITIONS TIME OF IN	A CONSEQUE POLETY RIBUTING TO D N FOR WHICH	CCL OE NCE OF ME TO DEATH BUT N OPERATION	Solde NOT RELATED		20a AU YES [TOPSY?	20b. 1F Y	YES, WE	RE FINDING CAUSES	NGS USED
AL CERTIFICATION	gove rise to couse (a), a underlying couse PART 2 OTHER S 19a DATE OF OPE 21a, ACCIDENT WAS OR CONTRIBUTING	immediate ating the use lost IGNIFICANT CO RATION UNDERLYING CAUSE OF DEATI	DUE TO, OR AS (c) ONDITIONS CONTII 196 CONDITION 216. TIME OF IN HOUR A.M.	A CONSEQUE POLY RIBUTING TO D	CCL OPERIOR DEATH BUT NO	Solde NOT RELATED	RMED	20a AU YES [TOPSY?	20b. 1F Y	YES, WE	RE FINDING CAUSES	NGS USED OF DEATH
	gove rise to couse (a), a underlying couper part 2 OTHER S	immediate ating the use last IGNIFICANT CO RATION UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)	DUE TO, OR AS (c) CONDITIONS CONTI 196 CONDITION 216. TIME OF IN HOUR A.M. P.M. 21e PLACE OF II	A CONSEQUE A CONSEQUE YOLE 19 RIBUTING TO D N FOR WHICH JURY MONTH DA	CCL CE ENCE OF ENCE OF ENCE OF OPERATION OPERATION AY YEAR 19	NOT RELATED WAS PERFO	RMED JURY OCCURR	20a AU YES [NO NATURE OF INJU	20b. IF Y IN CERT	YES, WETTIFYING	RE FIND IN G CAUSES) OR PART 2)	NGS USED OF DEATH NO
MEDICAL CERTIFICATION	gove rise to couse (a), a underlying couper (b) and the couper (couper) and th	immediate ating the use last IGNIFICANT CO RATION UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)	DUE TO, OR AS (c) ONDITIONS CONTI 19b CONDITION 4 21b. TIME OF IN HOUR A.M. P.M.	A CONSEQUE A CONSEQUE YOLE 19 RIBUTING TO D N FOR WHICH JURY MONTH DA	CCL CE ENCE OF ENCE OF ENCE OF OPERATION OPERATION AY YEAR 19	NOT RELATED WAS PERFO	RMED JURY OCCURR	20a AU YES [TOPSY?	20b. IF Y IN CERT	YES, WETTIFYING	RE FINDING CAUSES	NGS USED OF DEATH NO
	gove rise to couse (a), a underlying couse (b). PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY) 21d. IN JURY OCC.	immediate atting the use lost IGNIFICANT CO RATION UNDERLYING CAUSE OF DEATH ALUSE OF DEATH UNRED UNRED UNRED UNRED UNREE WORK	DUE TO, OR AS (c) CONDITIONS CONTI 196 CONDITION 216. TIME OF IN HOUR A.M. P.M. 21e PLACE OF II	A CONSEQUE A CONSEQUE Y RIBUTING TO D N FOR WHICH JURY MONTH DA NJURY ACTORY OFFICE FOR	CCL CE ENCE OF ME DEATH BUT N OPERATION AY YEAR 19 ARM E1C)	NOT RELATED WAS PERFO	RMED JURY OCCURR	20a AU YES [NO NATURE OF INJU	20b. IF Y IN CERT	YES, WETTIFYING	RE FIND IN G CAUSES] OR PART 2) COUNTY	NGS USED OF DEATH NO
	gove rise to couse (a), st underlying couse (b), st underlying couper to the couper to	immediate ating the use last IGNIFICANT CO RATION UNDERLYING	DUE TO, OR AS (c) CONDITIONS CONTI 19b. CONDITION 21b. TIME OF IN HOUR A.M. 21e. PLACE OF II (AI HOME, STREEL F	A CONSEQUE A CONS	CCL CE ENCE OF ENCE OF ME OPERATION OPERATION AY YEAR 19 ARM. E1C)	NOT RELATED WAS PERFOI 21c HOW IN. 21l LOCATIC STREET	rmed Jury Occurr	200 AU YES RED (ENTER	TOPSY? NO NATURE OF INJE	20b. IF Y IN CER	ES, WETTIFYING	REFINDING CAUSES OR PART 2) COUNTY	NGS USED OF DEATH NO
	gove rise to couse (a), st underlying couse (b), st underlying couper to the couper to	immediate ating the use last IGNIFICANT CO RATION UNDERLYING	DUE TO, OR AS (c) ONDITIONS CONTI 19b CONDITION 21b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF II (AI HOME, STREET F	A CONSEQUE A CONS	CCL CE ENCE OF ME DEATH BUT N OPERATION AY YEAR 19 ARM E1()	21t HOW IN. 21t LOCATIC STREET	RMED JURY OCCURS N 19 (aur) apinian	20a AU YES RED (ENIER	TOPSY? NO NATURE OF INJU CITY OR TO	20b. IF Y IN CERT	ES, WETTIFYING	REFINDING CAUSES OR PART 2) COUNTY	NGS USED OF DEATH NO ST.
	gove rise to couse (a), st underlying co PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY) 21d INJURY OCC WHILE ALL WORK ALL WORK ALL SOW the decabove, (1), (which is a sow the decabove, (1	immediate ating the use lost IGNIFICANT CO RATION UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER) UNRED I WHILE (I) (this hospito eased alive an e) (did) (did nat)	DUE TO, OR AS (c) DIDITIONS CONTII 196 CONDITION 216. TIME OF IN HOUR A.M. P.M. 21e PLACE OF II (AI HOME. STREET F	A CONSEQUE A CONS	CCL OE NCE OF NCE OF	NOT RELATED WAS PERFOI 210 HOW IN. 211 LOCATIC STREET A F	JURY OCCURP JURY O	200 AU YES TED (ENTER	TOPSY? NO NATURE OF INJU CITY OR TO	20b. IF Y IN CERT JRY IN STEM 11 DWN	ES, WETTIFYING	COUNTY	NGS USED OF DEATH NO ST.
	gove rise to couse (a), a underlying couse (b). PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCCUMENT WAS AT WORK A	IMMED IN AME (TYPE OR)	DUE TO, OR AS (c) DIDITIONS CONTII 196 CONDITION 216. TIME OF IN HOUR A.M. P.M. 21e PLACE OF II (AI HOME. STREET F	A CONSEQUE A CONS	CCL OE NCE OF NCE OF	NOT RELATED WAS PERFOI 21c HOW IN. 21l LOCATIC STREET	JURY OCCURP JURY O	200 AU YES TED (ENTER	NO NATURE OF INJU	20b. IF Y IN CERT JRY IN STEM 11 DWN	ES, WETTIFYING	COUNTY	NGS USED OF DEATH NO ST.
	gove rise to couse (a), st underlying co PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY) 21d INJURY OCC WHILE ALL WORK ALL WORK ALL SOW the decabove, (1), (which is a sow the decabove, (1	IMMEED WHILE WHILE (I) (this hospitolessed alive an) (did) (did nat)	DUE TO, OR AS (c) CONDITIONS DISTRIBUTIONS 21b. TIME OF IN HOUR A.M. 21e PLACE OF II (AI HOME, STREET F OIT) Ottended the de	A CONSEQUE A CONS	CCL OE NCE OF NCE OF	NOT RELATED WAS PERFOI 210 HOW IN. 211 LOCATIC STREET A F	JURY OCCURP JURY O	200 AU YES DEED (ENIER TO DEED ACCOUNTS MEDICA DIRECTO	NO DATURE OF INJU	20b. IF Y IN CERT JRY IN STEM 11 DWN	ES, WETTIFYING	COUNTY	NGS USED OF DEATH NO STA
WEDICAL WEDICAL	gove rise to couse (a), sunderlying couper in the couper i	IMMEDIANE (I) YEE OR	DUE TO, OR AS (c) CONDITIONS DISTRIBUTIONS 21b. TIME OF IN HOUR A.M. 21e PLACE OF II (AI HOME, STREET F OIT) Ottended the de	A CONSEQUE A CONSEQUE YOUR RIBUTING TO D N FOR WHICH JURY MONTH DA NJURY ACTORY OFFICE FI recosed from	OPERATION AY YEAR 19 ARM E1C)	NOT RELATED WAS PERFOI 210 HOW IN. 211 LOCATIC STREET A F	RMED JURY OCCURE ON	200 AU YES DED (ENIER TO DED IN ACCOUNT MEDICA AMEDICA AMEDICA 23d LOC	NO NATURE OF INJU	20b. IF Y IN CERT	FES, WETTEYING	COUNTY	NGS USED OF DEATH NO STA

AVENUE

1101 E. NORTH

MARCH F/H, INC.

retained by the haspital or attending physician.

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

SEP 1 8 MBF

BP.

DHMH - 16 60M 7/B

(VRA 15, 4)

IMPORTANT: If Nem 21 is marked ar Nem 18 shows any injury, ar other traumatic event, the medical

0656

6.8

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DEP 15 97 MI) COUISE 3. SEX 4 RACE Black 5. DATE OF BIRTH MONTH DAY YEAR AND YEAR COUNTRY) 76. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8 MARRIED MARRIED MARRIED DIMORCED	CITY OF DEATH CITY M 1126 KIND OF BUSINESS OF
3. SEX Female Black S. DATE OF BIRTH MONITH DAY YEAR J. 33 YES 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) S. C WS A WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	IF UNDER I YEAR IF UNDER 23 HRS MONTHS DATS HOURS MIN. ITY OF DEATH CL + G MM 17b KIND OF BUSINESS OF
Female Black MONIM A A Black To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) S. C U.S. A WIDOWED DIVORCED DIVORCED TO CITY OR TOWN OF DEATH TO THE WORK FOR MOST OF WORKING USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION OF WORKING COUNTRING) TO STATE OF THE WORK FOR MOST OF WORKING TO STATE OF THE WORK FOR MOST OF WORKING TO STATE OF THE WORK FOR MOST OF WORKING TO STATE OF THE WORK FOR MOST OF WORKING TO STATE OF THE WORK FOR MOST OF WORKING TO STATE OF THE WORK FOR MOST OF WORKING TO STATE OF THE WORK FOR MOST OF WORKING TO STATE OF THE WORK FOR MOST OF THE WINSTITUTION OF WE RESIDENCE BEFORE ADMISSION)	TY OF DEATH CL + G M 17b KIND OF BUSINESS OF
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S. C WIDOWED DIVORCED DIVORCED 18 (TIM Dre 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE SIRRET ADDRESS) 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING WORK FOR MOST OF WOR	126 KIND OF BUSINESS OF
Baltimore (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (SPECIFICAL CENTER OF CORNERS OF WORKING RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) (TYPE OF WORK FOR MOST OF WORKING RESIDENCE BEFORE ADMISSION)	
USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 STATE 136 COUNTY 136_CITY OR TOWN 134 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CO	
Ma Batimore YES NO 12407 Ch.	elsa Terrace
FIRST MIDDLE CHEK HOLE MIDDLE MIDDLE CHEK MIDDLE	Foster
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (VES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-18-4950 Mack Coleman 2407	Chelsen Terras
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARRES T.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Couse (a), stoting the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G RENAL FALURE -	GIVEN IN PART Ito
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 HEY IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YESNO
A LANGUAGE DAY THAN I HOUR AM. MONTH DAY THAN	8 PART I ORPART 2)
OR CONTRIBUTING COLOR OF BEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211. LOCATION STREET CITY OF TOWN	COUNTY STATE
WHILE ON ON WHILE OF AT WORK AT WORK	. 7
22a. I certify that (I) (this hospital) attended the deceased from	naur and from the causes stated
2726 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	220 DATE SIGNED 9-11-87
BICH T DUONG LIBERTY MEMCAL	CENTER
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN	COUNTY STATE
Burial 9/15/87 Md Nat Memorial Park Laurel	Md
24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 255/REG	STRAP SIGNATURE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND

lia Deviden Pandale

87 STATE REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH 1235 Mildred Ellen Coleman 1987 September 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR March 11, 1901 Female. White 86 To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED USA Pennsylvania Baltimore City DIVORCED | I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Baltimore Homemaker Own Home DEATON HOSPITAL AND MEDICALCENTAR SUAL RESIDENCE (IF NURSING BOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 131 COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Glen Burnie A A Co. Maryland 1011 Thomas Road 21061 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE John Bowen (Unknown) ADDRESS 6956 Eastham Cr. NW 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (Son) (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215.30.0174 James E. Harvey, Jr. Canton, Ohio 44708 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70g AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 716 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 714 IN JURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220.1 certify that (4) (4his hospital) attended the deseased from. sow the deceased alive on. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, the (we) (did) (did no view the body ofter death. 77b. SIGNATURE DEGREE 27C DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR 22e ADDRESS S. Charles Street Dr. J. R. Gladue, M.D. Baltimore, Maryland 21201 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Sept 9, 1987 Glen Haven Mem. Park Glen Burnie A A Co. Maryland 750 DATE REC'D BY REGISTRAR 756 REGISTRAR'S SIGNATURE

GLen Burnie, Maryland

DHMH - 16 60M 7/84 (VRA 15. 4)

Singleton Funeral Home

FUNERAL I

07/84 BP______ 25M DHMH - 17 (VR A15 ME (5))

24 FUNERAL DIRECT FUNERAL SERVICE PADDRESS
1300 EUTAW PLACE

Coul a Estip

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

H. ESHALL SULLE SELECTION

066291

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

		CEASED NAME FIRST OR PRINT; TRULA	٨	AIOOLE	Co	leman	20 DATE OF DEATH	MONTH DAY	YEAR ST	12:35 M
	3. SEX		RACE	V	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF U MON		IF UNDER 24 HRS HOURS MIN.
V	\$51	ussex Co., Va	. U.S	WHAT COUNTRY?	WIDOWE			. CITY		MD
2	В	ALTO.	CENT	HEACILITY, GIVE STREET A	ADDRESS)	HOME	TYPE OF WORK FOR MOST O		IZE. KIND OF INDUSTRY	BUSINESS OR
L	13a. S	AL RESIDENCE (IF NURSING HOME OR O TATE 136 COUNT MD		BALTO.		13d INSIDE CITY LIMITS? YEST NO [] 15. MOTHER'S MAIDEN NAM	13e STREET ADDRESS / 102 NORT		ST.	21202
E		JOHN MU		LAST		FIRST M	ARY MURDO	-	LAST	
		VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? .	217-54-		T EDWARD R	. WEST JR		RUDI	SILL CI
	NO	Conditions, if any, which gove rise to immediate cause 101, stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OF	AS A CONSEQUE	NCE OF	0	INAL DISEASE OR CONI	DITION GIVEN	IN PART Ita	
1	CERTIFICATION	196. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, W IN CERTIFYIN YES	G CAUSES C	
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216. IN JURY OCCURRED	P./	M. MONTH DA M. DE INJURY	19	21c HOW INJURY OCCURR				
	ME	WHILE NOT WHILE THE AT WORK AT WORK 10 (this hospital		e deceased from	ARM, ETC)	STREET , 19 87	to 9/14	, 19_	E7. th	state nat (I) (we) last
		saw the deceased alive an above, (I) (we) (did) (did nat) 77b. SIGNAFURE Table 1 Table 2 Table 2 Table 3 Table 3 Table 3 Table 3 Table 4 Table 4	view the bady	after death 19_8		d that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F _	22c DATES	
		22d PHYSICIAN'S NAME (TYPE ORT	PRINT)		Total	22 S GY	eene St.			
		BURTAL BURTAL	236 DATE 922/8		ATTO	EMETERY OR CREMATORY NAT. CEM.	23d LOCATION CITY OF TOWN BALTO	MD.	YIMUC	STATE

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR REG NO EASED NAME FIRST MIDDLE 26 HOUR [THE OR PRINT] 001 6 AGE LINYEARS LAST BIRTHDAY IF UNDER 24 ARS 4 RACI 5. DATE OF BIRTH SEX YEAR LL 2 ma BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Balto. WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 134 INSIDE CATY LIMITS? 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN Balto 32 NO 15 MOTHER'S MAIDEN NAME LAST 2/21 4 FATHER'S NAME LAST FIRST MIDDLE Satterfi Abb Frances Jones ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Hespita (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Sinal APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY HS. IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A underlying cause fast. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 20M IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [NON YES [NO [21g. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME STREET FACTORY OFFICE, FARM, ETC.) SIREFI NOT WHILE AT WORK 220.1 certify that (#7 (this haspital) attended the despased fram and that in (MID) (aur) apinian death accurred an the date and have and from the causes stated DEGREE 226. SIGNATURE 220 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE CITY OR TOWN COUNTY STATE lational anna 24 FUNERAL DIRECTOR BY REGISTRARIZSH REGISTRAR'S SIGNATURE

Edmondson

DHMH - 16 60M 7/B4 (VRA 15, 4)

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ORTANT

Wainwright

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etained by the hospital

BP DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25544

EP.	1 5	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	255	45	1
		CEASED NAME FIRST	MIDDLE	1	AST	2a. DATE OF DEATH		YEAR	2h HOUR
		OR PRINT)	a Savina	(allins	Children To	09 11	27	5:05Pm
	3. SE)	yonh	RACE	5. DATE C	0	6 AGE IN YEARS LAST BIR	THDAY) IF UND	DER TYEAR	IF UNDER 24 HRS
189		Female.	Blank	WONTH	DAY YEAR 27 87		MONTH	DAYS 15	HOURS MIN.
51			CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY O	R COUNTY OF D		
3		M.D	115A	WIDOWE	D NEVER MARRIED	Baltima	c City		MD
38	10 CI	altimore.	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A U - OF Mary land	G HOME C		120 USUAL OCCUPATION OF WORK FOR MOST OF	ON 121	KIND OI DUSTRY	F BUSINESS OR
3	13a S	AL RESIDENCE (IF NURSING FOR COLORS TATE AY LAND ATHERS NAME	HE INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	-	13e STREET ADDRESS	ZIP CODE	3	1923
00			Calling	5	Theres	MIDDLE		Will	kens
medical		VAS DECEASED EVER IN U.S. ARMI YES. NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? NAR OR DATES)	RITY NO.	Theresa Wi	Ikens 1	N. Mor	100	MATE INTERVAL INNET AND DEATH
y, ar other traumatic even	Ne (91)	PART 1. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CO		NCE OF	PRELIMENTAL WAR NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN IN	2 de	
s any injur	CERTIFICATION	pre matu	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h IF YES, WEF		
No.	RTIF					YES NO	YES [NO []
em 18 3		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM TE PART I C	PART 2)	
rked or !	MEDICAL	71d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM ETC	211 LOCATION STREET	CITY OR TO	wn c	OUNIY	STATE
VT: If hem 21 is ma		sow the deceased alive on above (1) (we) (did) (did nat) 226 SIGNATURE Rose Mlen	- Uscandi m	<u>27</u> , or	nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	death occurred on the distribution of the dist	ate and hour and		
MPORTANT		Rose Maule	· Viscardi		U. Marylan		1225	. Gree	inest.
-		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	9-16-87 G	eda	EMETERY OR GREMATORY	Bultin	nove, Ti	Man	pland
/83	B	NAME THOMAS	on F. H. ADDRESP.	0. B	124433 S	EP 1 5 1987	256 REGISTRAR'S	SIGNAN	Pandaes.

			em 18a,20,21b,c,d,e OR G632 per med e			STATE OF		HYCENE	25	, 4 5	
06	7590 0	1-	or G632 per med e	71 (4111		XAMINER'S			REG. NO.		
	. 000 00		PASES NAME FIRST	2.24	MIDDLE	001	LAST	Of			YEAR 25 HOUR
	ないので	3 SEX	WILL:		A.		LINS		TH MATED	9 28 ₁₉	
	55.56	J SEX	4 RACE	5. DATE OF BIRTH	YEAR	LAST BIRTHDAY) MONT	HS DAYS HOURS	ER 24 HRS. 20 DA	ATE MC DUNCED		YEAR 24 HOUR 7:30
	\$2555 A	1	1 B	4 12	51	36 YRS.			EAD	9 28 19	
	対象を記載し		EIGN COUNTRY)	7b. CITIZEN OF WH	AT COUNT	MARR	IED NEVER MAR	RRIED	altimore (ATH
	A PAGE	1	Y OR TOWN OF DEATH	11 NAME OF HOSE (IF NOT IN SUCH FACE 1312 Edm	ILITY, GIVE STR	SING HOME, OR OTH	IER INSTITUTION	FOR MOST OF V	CUPATION (TYPE OF V WORKING LIFE) MPLOYED	OR IN	
21201	ANN DE LENIN	JA 3a S1	ATE 136 COUN		13c CITY C		13d INSIDE CITY LIMITS?	13e STREET ADI			
9	To Karana	II. FA	THER'S NAME				15 MOTHER'S MAI				
0	W 3500)	LEROY	MIDDLE	COL	LINS	AURETTA	t e	MIDDLE	BRO	
8	Takes I		AS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)		AL SECURITY NO.	17. INFORMANT		ADDRESS		
Ty.	A 5 7 6 5		NO NO	WAR OR DATES)	214-	56-7244	AURETTA	COLLINS	808 W. LF	XINGTON	STREET
0	WIT WIT ON		18. CAUSE OF DEATH (Enter on	ly one cause per line						APPRI	DAMATE INTERVAL
N S	E AN		PART I DEATH WAS CAUSEI	TE CAUSE (0)Na	rcotic	intoxicatio	n				
STO	N A F S A M			DUE TO, OR	AS A CONS	EQUENCE OF					
4	ICIL IN NER AL RANSIT AL HYC		Conditions, if any, which gove rise to immediate	(b)							
×	A PENCY XAMIR XAMIR MENT, N, OR		lying couse lost.	DUE TO, OR	AS A CONS	EQUENCE OF					
5, 20	S A S A S A S A S A S A S A S A S A S A			(c)							
RECORDS	BE EXECUTED IN THE PROPERTY OF A SENDENCE TO	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH B	UT NOT RELATE	D TO THE TERMINAL OISEAS	E OR CONDITION GIVEN IN	PART 1 rd			
REC	MEDI MEDI AS A SALTH CREA	CERTIFICATION	19s. DATE OF OPERATION	119h CONDITI	ON FOR W	HICH OPERATION V	AS PERFORMED?			20 ALI3	OPSY?
1AI	25年最高を	FIC.					THE CENT CHINES				
F	WE SELLEN	ERT	210 EXTERNAL CAUSE WAS	21b. TIME OF	INJURY	21c. H	OW INJURY OCCUR	RED LENTER NATURE O	F INJURY IN ITEM 18 PART		X NO [
NOF	FICATE SH THE WORL OUTD BE PRIMENTO PRI		UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M.	MONTH 9-28	DAY YEAR					
DIVISION	CERTIF TING DED TO DEPA DEPA PRIO	MEDICAL	214 INTUDY OCCUPPED	21e PLACE O	FINJURY	(AT HOME, 211 LC	bject used o	irugs			
5	SARAGES	ME	WHILE AT WORK AT WORK	STREET, FACTO	ORY, FARM, ETC 10		street 12 Edmondsor		Itimore, MD	COUNTY	STATE
	ER: TH ATE, V ORW/ ORW/ ORW/ TE STA 1E STA 1D, 21		22a. I certify that I took charg	e of the remains desc	ribed abov		77			my opinion	
	EXAMINER CERTIFICAT ULD BE FOR DIRECTOR: (, WITH THE MARYLAND		death resulted from:	rul courses	Accident [, Suicide	, Homicide	Undetermined	[272]		
	CERT CERT CERT CERT CERT DIRE		h	1) _		TITLE (SPECIFY)				
	AN WENT THE COLUMN THE		SIGNATURE	V	-1X) ·	Deputy C	hief MEDICALEX	CAMINER 5	DATE 9-	-29-87
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, DBATTIMORE, M		EXAMINER'S NAME AND	M. Dixon,	M.D.		ADDRESS 111	Penn St.	, Balto.,	MD 21:	201
	PA PA PET	23a. BL		36 DATE	23c. N/	AME OF CEMETERY C		238 LOCATIO	N		
07 84	BP 790	(5)	BURIAL	10/5/87	MC	OUNT ZION	CEMETERY	LANSDO		COUNTY	MD
25M	DHMH - 17	24 PL	NAME NAME	ADDRESS			25a. DAT	E REC'D. BY REGIST	TRAR 1256 BEGISTRA	Desiden -	
	(VR A15 ME (5))	WM	. C. MARCH F/H.	INC. 110)1 E.	NORTH AVE	NUE U	ST - 2 19	51 guila	Drogo M. Y	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR 1 - STATE 2 7 REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	2
DECEASED NAME FIRST	MI	DOLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT) Geor	ge E	. Col	lona,Jr	9	13 1987 M
3 SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
male	black	wan	Ö °3 1932	54	RS DATS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN		HAT COUNTRY? 8	¥¥	9 BALTIMORE CITY OR COU	
(COUNTRY)	USA	MARRI	NED XX NEVER MARRIED	Baltimore c	ity MD.
10 CITY OR TOWN OF DEATH		SPITAL, NURSING HOME		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Baltimore		alley Country	Court	Disabled	NO CHEST INDUSTRY
USUAL RESIDENCE (IF NURSING HO) 130 STATE 136 C				13e STREET ADDRESS / ZIP C	CODE 21208 E
14 FATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	
George	MIDDLE E.	Colona	Virginia	MIDDLE	Harris
168 WAS DECEASED EVER IN U.S		66 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	apt B4
(YES NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	213-26-1023	Jeannette	e Colona 7207	
	DUE TO, OR	A CONSEQUENCE OF	mellih	NINAL DISEASE OR CONDITION	I GIVEN IN PART 110
190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERATI	ON WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\cap \) NO \(\cap \)
OR CONTRIBUTING CAUSE	DE DEATH HOUR A.M	MONTH DAY YEAR	R	RED (ENTER NATURE OF INJURY IN ITE	N 18 PART I ORPART 2)
IF EITHER NOTIFY MEDICAL EXA	21e PLACE O		211 LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE C] IAI HOME STREE	TACTORT, OFFICE PARM, ETC.)			22
sow the deceased oliv obove, (I) (we) (did) (d	e on 5-25	19.87	ond that in (my (our opinion	death occurred on the date and	d hour and from the couses stated
27b. SIGNATURE	of Box			MEDICAL STAFF DIRECTOR PHYSICIAN	9-15-87
H-GESG	I (d O	ster	3635010	1 Court Ru	4
230 BURIAL, CREMATION, REMO	VAL 236. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE.
(SPECIFY) Burial	9/18/8	Baltim	nore Cemetery	Baltimore	COUNTY

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If Nem 21 is

Wm. C. March F/H West 4300 Wabash Avenue

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
SEP 1 7 1987 Julia Devider Landale

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

66308 SEP	FOR PATATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.					
Coge 4 may be a larector, page 3 2 hours offer death	1. DECEASED NAMI (TYPE OR PRINT) 3. SEX 70. BIRTHPLACE	BABY BO	Black	ONN 6 R 5. DATE MONI OUNTRY? 8.		20 DATE OF DEATH 6. AGE (IN YEARS LAST BIR 9. BALTIMORE CITY C	MONTH 7 - 2 - 87 ITHDAY) YRS OR COUNTY OF DEATH	26 HOUR 1:54
by the funeral filed within 7.	10 CITY OR TOWN	OF DEATH 11.	NAME OF HOSPITA		ED DIVORCED DIVORCED DIVORCED DIVORCED	12a USUAL OCCUPAT		OF BUSINESS O
iote be executed within 24 hours	USUAL RESIDENCE 130. STATE	(IF NURSING HOME OR OTHE		dence before admission; Y OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13¢ STREET ADDRESS	ZIP CODE 99	799
ecuted within	14 FATHER'S NAME	MIDD		LAST	15. MOTHER'S MAIDEN NA Charle 17. INFORMANT	NE MIDDLE	CON	WOR
icote be exec	IYES, NO OR UNKNO		R OR DATES)		1	<i>(</i> ,)	APPRO BETWEEN	XWATE INTERVAL YONSET AND DEATH
NG PHYSICIAN: The low requires that the death certificate ottending physicion. ther this certificate has been signed by the attending physician as the buriol-transit permit. Then please remains carbon pupil than Amental Hyguese prior to buriol, cremation, or remove orked or flem 18 shows any injury, or other traumatic event orked or flem 18 shows any injury, or other traumatic event.	gove rise couse (o), underlying	couse lost.	DUE TO, OR AS A C		emmed of the ter	MINAL DISEASE OR CON		men/
he low reconstruction.	TO DATE OF 21a. ACCIDENT	OPERATION	196 CONDITION FO	OR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH? NO
O PHYSICIAN: The strength of the buriel-troost ond Mentol Hygies ked or frem 18 sho	OR CONTRIBUTION OF CONTRIBUTIO	NOT WHILE	P.M. 21e PLACE OF INJU	ONTH DAY YEAR	216. HOW INJURY OCCUR	CITY OR TO		STATE
HOSPITAL OR ATTENDI ined by the hospital or FUNERAL DIRECTOR: A uld be detached for use or the Store Dept. of Heal ORTANT: If Hem 21 is m	sow the obove, (I	that (I) (this haspital) deceased alive on	of the body ofter de	19 X 7	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	AFF 22c. DAT	that (I) (we) lo e couses stated E SIGNED
8P	23a BURIAL, CREM (SPECIFY) Remov		3b. DATE 9-17-87	23¢ NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	YINUO	SIAIE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECT NAME State A	natom y	Board	Balto.,			Julia Dardon	

SEPO 9 1987

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH A7 REGISTRAR 20 DATE OF DEATH DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) RUDOLPH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS YEAR 32 9 BALTIMORP CITY OR COUNTY OF DEATH 70 BIRTHPLACE MARRIED NEVER MARRIED BALTIMORE WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS / ZIP CODE BACTO. MO. 13d. INSIDE CITY LIMITS? 13b COUNTY 13c. CITY OR TOWN MARYLAND BALTIMORE PRESBURY ST. 21217 4 FATHER'S NAME MIDDLE MIDDLE MATTHEWS CONTEE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? BARTIMORE, MO, 21206 166 SOCIAL SECURITY NO 17 INFORMANT CONTEE 5316 GOODNOW RD, APT. F SPENCEL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 218. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN STATE STREET AT HOME, STREET FACTORY, OFFICE, FARM, ETC) NOT WHILE 228.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death governed on the date and hour and from the causes stated 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 274. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should by 600 23c NAME OF CEMETERY OR CREMATORY MO ZION CEMETERY

DHMH - 16 60M 7/84

"NUTTER FUNERAL HOMES, INC. 21216 2501 GWYNNS FALLS PKWY, BALTIMORE, MO. (VRA 15, 4)

BALTIMORE

		1.	FOR			E OF MARY	LAND D MENTAL HYGIEN	. 0 5	5 5	U	
164	995 SEP	19	87TE BEISTRAR		DICAL EXAMINE		IFICATE OF DEA		007		
1		1. DE	CEASED NAME FIRST		MIDDLE	LAST		20 DATE KNOWN ST		AY YEAR	2b HOUR
1	18 at a 12 m	(TYI	E OR PRINT)	INM	1.	0.00	OK	OF ESTI-		2 19 87	
1	ACE SEE	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEAR	S IF UNDER 1		2c. DATE	MONTH DA		2d HOUR
	N S S S S S S S S S S S S S S S S S S S	m	ALE BLACK		1948 38 YRS) MONTHS D		PRONOUNCED DE AD		2 19 87	7:10 a M
-	10000	1/a. B	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WE	S. A.	MARRIED WIDOWED	NEVER MARRIED	Baltimore City of		FDEATH	440
-01	SHE SHE	18.C	TY OR TOWN OF DEATH		PITAL, NURSING HOME,	OR OTHER IN	STITUTION 12a USU	JAL OCCUPATION (TYPE	OF WORK 12h	OF BUS	INESS
1,0	Post of		Baltimore	1405 Ki	ngsway		A	TTORNE		ISTICE	
1201	A COULD STAN	13a S	ARVLAND		BALTIMOR	134.12	SIDE CITY LIMITS? 13e, STRI	S KINGSU	TIMOR VAV R		
9			THER'S NAME		- IONE THIOR		OTHER'S MAIDEN NAME			0110 21	2.0
ORE. A	SESTED OF)	ERNEST	MIDDLE	COOK		ARLETHI	A MIDDLE	AL	BLE	
TIMC	A SESTINAL A	160: \	VAS DECEASED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY		FORMANT MRS	BAL	TIMOR	ie, mo),
BAL	AND HAR		NO		1-10 10 0	243 A1	RLETHIA A.	COOK 292	8 EDM		
T.	MAT WE D	7	18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED			i			8	APPROXIMATE I	
10	A STATE OF THE STA		IMMEDIAT		rhosis of 1						
19	新疆主		Conditions, if ony, which	71	coholism						
13	N N N N N N N N N N N N N N N N N N N	10	gave rise to immediate couse (a) stating the <u>under-</u>		AS A CONSEQUENCE O						7 14
20	520000	8	lying cause last.	(c)					30.		
ORDS	PERCENT A BUT AN BUT AND B	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	RUT NOT RELATED TO THE TERMIN	AL DISEASE OR CO	NDITION GIVEN IN PART 1 (a)				
REC	PENDER F MEDICAS F GEM	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERA	TION WAS PE	RFORMED?		125	LAUJOPSY?	
ITA	CHIE CHIE TOFH	TIFIC							1	HEAD &	ABDO NO []
DIVISION OF VITAL			210. EXTERNAL CAUSE WAS		MONTH DAY YEAR	21c HOW IN	JURY OCCURRED (ENTER)	NATURE OF INJURY IN ITEM 18 P.		4 3	
Sio	SHOOT OF THE	MEDICAL	CONTRIBUTING CAUSE OF D		DF INJURY (AT HOME,	21f. LOCATIO	N				
DIV	SHAP PER	A	WHILE NOT WHILE AT WORK	STREET, FACT	TORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY		STATE
74	NER: THIS CATE, W FORWAI OR: PAC THE STAT		22a. I certify that I took charg	e of the remains des	cribed above, held an	Autopsy [Inspection .	Inquiry . and	d in my apiniar	n	
	MINITED BE L		death resulted from: Natur	rol couses LM,	Accident Suic	ide 🔲, I	Homicide L. Undete	ermined manner,			
(TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE; PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE SI; BALLIMORE, MARYLAND, 2		ACTUAL MQ	M) Fo,	Dalle A		TLE (SPECIFY) SSISTANT MED	ICAL EXAMINER	DATE SIGNED	9/2/8	87
	NE STET TET TET TET TET TET TET TET TET T	1				271.0.	MIGO				
	XECU XECU ALTIN				e, Jr, M.D.	ADDR			alto.M	D.	
	EUSES	23a.B	URIAL, CREMATION, REMOVAL 2	DATE CLOS	7 ARBUTU		MATORY 23d LO	CATION PAGE	COONTY	STAT	
07/84 25M	BP	24.6	NEISTRECTOR -	1604/				REGISTRAR 256 REGIS	TIMO	and the	no,
	DHMH - 17 (VR A15 ME (5))	20	OLGWYNNS FA		HOMES,		OFDA O	1987	Marsa		
	(-//		01000 14100 H	ILW INW	וויון וטיייון ויוון	of the last	V				

-27-00-772

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VBB 8 0 9 98

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STATE OF MARYLAND 065243 SEP 14 DEPARTMENT OF HEALTH AND MENTAPHYOTENE B7STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME 20. DATE KNOWN SC TYPE OR PRINT OF 2. AND 3 TO THE FUNERAL DIRECTOR.
3. RETAIN PAGE 5 FOR YOUR FILES.
2. SHOULD BEFILED, WITHIN 72 HOURS.
ALREFORDS, 201 WITHIN 72 HOURS. Norman Cook DEATH MATED 9 2 19 87 3 SEX 4. RACE IF UNDER 1 YR. IF UNDER 24 HRS S. DATE OF BIRTH & AGE IN YEARS 2c. DATE 2d HOUR YEAR LAST BIRTHDAY) PRONOUNCED 7.11A 55 Male White 08-14-1932 DEAD 19 87 In BIRTHPLACE ISTATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY United States Deleware Baltimore City WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Francis Scott Key Medical Center Owner-Mgr. Transport Baltimore USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 131 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Del. Kent 5 Box 700 Dover RD NO TX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Raymond Short Esther Cooke 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO ADDRESS IYES, NO, OR UNKNOWN) No 222-18-8858 Mrs. Anna Cook (same as 13) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Hypertensive & arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURJAL THE THE REATH, WITH THE STATE DEPARTMENT OF HEALTH AND A BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE X 220. I certify that I took charge of the remains described above, held an Autopsy Natural couses X Hamicide ___ Undetermined manner TITLE (SPECIFY) 9/2/87 Assistant EXAMINER'S NAME Mario F. Golle, JY, M.D. 111 Penn St. Balto.MD. TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECHY) Burial Kent Del. Dover 9-6-1987 Sharon Hill Cemetery 24 FUNERAL DIRECTOR ROBERT S. BARRANCO 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURES **DHMH - 17** SEVERNA PARK, MD (VR A15 ME (5))

ROBLET S ENH MICO

062513 80 1487

23b. DATE

23a BURIAL CREMATION, REMOVAL

24 FUNERAL DIRECTOR

BP

DHMH - 16 50M 1/B1 (VRA 15, 4)

REG. NO.

IF UNDER 1 YEAR

26 HOUR

UNDER 24 HRS

MONTH

09

STATE OF MARYLAND

23c. NAME OF CEMETERY OF

, 49	38	YRS	AON1HS	DAYS	HOURS	AN IN.
MARRIED X	9. BALTIMORE CITY OF	COUNTY	OF DE	ATH		1 3
NORCED	Baltimo	re C	it	4		MD.
MOITUTION	170 USUAL OCCUPATE			USTRY	F BUSINI	ESS OB
	CIECK IL	· · · · · · · · · · · · · · · · · · ·	11	AT	1	74
CITY LIMITS?	130. STREET ADDRESS	nard	St	710	12	7
S MAIDEN NAM	A LAIDOU H	•	,	21,2	19	
ANT CA	OR 707	dim	140	No	14.	,
NEUMO	DEYSTIS C		8		MATE INTE	
	DE FICIENCY			he		
D TO THE TERM	INAL DISEASE OR COND	OITION GIV	EN IN F	ART 110)	
ORMED	200 AUTOPSY?	206 IF YES IN CERTIF	YING C	FINDIN	OF DEA	D TH?
NJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18. P.	ART I OR	PART 2)		
ION	CITY OR TO	WN	COI	JNTY		STATE
, 19 87		,	19_8	7:	that (I) (we) lost
r) (our) opinion o	death occurred on the do	te and hou	r and fr	om the	couses st	oted
ATTENDING PHYSICIAN	MEDICAL STAF		22	DATE 9/1	SIGNED	
SSST	AGNES	HDS	PIT	AL		
CREMATORY	South Santon	you	COUN	mb	,	STATE
25a. DAT	P 15 1987	256 REGIST	PAR'S	IGNA	REda	

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25553

72 110 OK	H MONTH DAY	20 DATE OF DEATH		LAST	MIDDLE			DECEASED NAME
		78 DATE OF DEATH		, , ,			FIRST	
	9 19			COOPE	F.		MARY	(TYPE OR PRINT)
JADER I TEAR PUNDER 24 H		6 AGE (IN YEARS LAST B		5. DATE OF BIRT		4 RACE		SEX
THS DAYS HOURS M	MONTH	75	5 1 ^{YEAR}	MONTH	ACK	BLA	I F	FEMAL
F DEATH	YRS.	1 11		8	F WHAT COUNTRY?			a BIRTHPLACE (STATE
		BALTIMORE	R MARRIED A	MARRIED WIDOWED	S A	US		MD MD
126 KIND OF BUSINESS INDUSTRY N/A		170 USUAL OCCUPATION OF RETTRE	NSTITUTION		EAST 30th			BALTIMORE
EEP 121	ss/zipcope 30th STRE	622 EAST	CITY LIMITS?		136 CITY OR TOW BALTO.		NURSING HOME OF	JSUAL RESIDENCE (# N 130. STATE MD
LAST	ΝE	NKNOWN MIDDLE	R'S MAIDEN NAM	15. M	COÔPER	MIDDLE		ALBERT
	DDRESS	ADDF	MANT	RITY NO. 17 IN	166 SOCIAL SECU		VER IN U.S. ARA	60 WAS DECEASED EV
h STREFT	FAST 30th	OSFPH 622 F	RAH D. JO	584 DE	218-76-4	VE WAR OR DATES	(IF YES, GIVE	NU OR OHKHOWH
IN PART NO	206. IF YES, WEF	INAL DISEASE OR CON		EATH BUT NOT I	OR AS A CONSEQU	(c)CONDITIONS C	SIGNIFICANT C	
VERE FINDINGS USED NG CAUSES OF DEATH?		VES D NOD						
NG CAUSES OF DEATH?	YES [YES NO	INJURY OCCURR	21c	OF INJURY		AS UNDERLYING	21a. ACCIDENT WAS
NG CAUSES OF DEATH?	YES [INJURY OCCURR	Y YEAR	A.M. MONTH D	ATH HOUR A	CAUSE OF DEA	00 001/20/01/20/0
NG CAUSES OF DEATH?	YESYES	RED (ENTER NATURE OF IN)	INJURY OCCURR	19 211		R) HOUR A	CAUSE OF DEA	OR CONTRIBUTING [[IF EITHER NOTIFY A 21d. INJURY OCC WHILE NO
COUNTY STATE	YES	RED (ENTER NATURE OF INJ	1710N HEET 8	Y YEAR 19 ARM, ETC 1	A.M. MONTH D P.M. E OF INJURY	ATH HOUR A R) P 21e PLACE (AT HOME S'	CAUSE OF DEAN MEDICAL EXAMINERS CURRED OT WHILE ALL WORK Of (1) (this hospit	OR CONTRIBUTING [(IF EITHER NOTHY A 71d. INJURY OCC WHILE NO AT WORK A 220.1 certify that
COUNTY STATE , that (I) (we) nd from the couses stated	YES DE INJURY IN TIEM IS PART LO	RED (ENTER NATURE OF INJ	1710N HEET 8	Y YEAR 19 ARM, ETC.) 211	A.M. MONTH D P.M. E OF INJURY STREET, FACTORY OFFICE I	ATH HOUR A R) P 21e PLACE (AT HOME S'	CAUSE OF DEALY MEDICAL EXAMINER) CURRED OT WHILE	OR CONTRIBUTING [UF ETHER NOTE Y A 21d. INJURY OCC WHILE WHILE AND 22d. I certify that sow the decoope, (1) (w)
COUNTY STATE	YES ON TOWN CO	RED (ENTER NATURE OF INJ	TION HEET 19 ny) (our) opinion o	Y YEAR 19 ARM, ETC 1	A.M. MONTH D P.M. E OF INJURY STREET, FACTORY OFFICE I	ATH HOUR A R) P 21e PLACE (AT HOME S'	CAUSE OF DEA	OR CONTRIBUTING [(IF EITHER NOTIFY R 21d. INJURY OCC WHILE AT WORK A 22a.1 certify that sow the deci
COUNTY STATE That that (I) (we) and from the couses stated	YES ORTOWN CORTOWN COR	CITY OR T CITY OR T death occurred on the MEDICAL ST/ DIRECTOR PHYS	TION THE TO THE T	Y YEAR 19 ARM, ETC.) 211	A.M. MONTH D P.M. E OF INJURY SIREET, FACTORY OFFICE The deceosed from Ty ofter death.	ATH HOUR A	CAUSE OF DEA W MEDICAL EXAMINER! CURRED OT WHILE LIVER Of (1) (this hospit receased alive on, we) (did) (did not	OR CONTRIBUTING [UF ETHER NOTE Y A 21d. INJURY OCC WHILE WHILE AND 22d. I certify that sow the decoope, (1) (w)
COUNTY STATE , that (I) (we) nd from the couses stated	YES ON TOWN CONTOWN CO	CITY OR T CITY OR T death occurred on the MEDICAL ST/ DIRECTOR PHYS	ATTENDING PHYSICIAN XESS	Y YEAR 19 211 ARM, ETC) 211 DEGRI	A.M. MONTH D P.M. E OF INJURY STREET, FACTORY OFFICE I The deceased from Type of the deceased fr	ATH HOUR A R) P Ple PLACE [AT HOME S' Intol) ottended P P P P P P P P P P P P P	CURED OT WHITE OT WHITE OT (I) (this hospit recosed olive on we) (did) (did not	OR CONTRIBUTING [LIF EITHER NO LIFY II 21d. INJURY OCC WHITE NO AT WORK NO 220. I certify that sow the decobove, (h) (w) 22b. SIGNATURE
	DDRESS	NKNOWN ADDE	NO DER'S MAIDEN NAME FIRST	15. M RITY NO. 17 IN 584 DE	COOPER	MIDDLE RMED FORCES? VE WAR OR DATES!	EVER IN U.S. ARA	MD FATHER'S NAME ALBERT WAS DECEASED EVENTS NO OR UNKNOWN

IMPORTANT: If Item 21 is morked or Item 18 shows

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	0.		•			
Ì	DR	EASED NAME FIRST	N	AIDDLE	L	AST .	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOU	R		
	{ I YPE	ORPRINT) TERRE	11 1		Co	OPER		39 6	27 87	71	5 AM		
	3. SEX		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER			
1	-	Male	Lunita	e	NOM 8	DAY YEAR	YRS	MONTHS DAYS	HOURS	MIN			
7		RTHPLACE & STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O						
7	C	Maryland	U.S.A.		MARRIE		Baltimo	re C	1+4	,	MD.		
0	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPATI		126. KIND O	F BUSINE			
1	-	al firmore	Loch K	Raven V.	A. 1	rospital	Salesman	F WORKING LI	FE) INDUSTRY Coca	-Col	a		
7	13e. S	MO Har		130. CITY OR TOWN	Y	13d. INSIDE CITY LIMITS? YES NO X	1500	Ster	Lapidum	Ro	1		
	H. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAST				
7	1	Ernest		Cooper		Maud			Bayles				
9	16a W	AS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU		17. INFORMANT	ADDRE	SS					
pi i	-	Yes (IF YES, CA	/ II	213-12-	3378	Artie E. Co	oper same	as ab	ove				
1		18 CAUSE OF DEATH (Enter or	nly one cause per	line for (a), (b), and	licut				BETWEEN	MATE INTER	VAL DEATH		
1	7	PART I. DEATH WAS CAUSE	:D BY: TE CAUSE (a)/	cardio.	- pul	monary arr	es.7		2.7	100	A		
1				AS A CONSEQUE					1		1000		
		Canditions, if ony, which		netarta		colon cai	ncer		24	INJ			
		gave rise to immediate cause (0), stating the	DUE TO, OF	AS A CONSEQUE	NCE OF								
		underlying cause last.	(c)				1911	5-19.1					
1	-	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART I I a				
	ē.	dehydrat	700										
	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH						
	RTIF				_ 10		YES NO	YE	ES 🗍	NO [
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF		Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	EY IN ITEM 18	PART I OR PART ?)	-			
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	Ain		19								
1	MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY	PM FIC 1	211 LOCATION STREET	CITY OR TO	WN	COUNTY	S.	TATE		
	~	AT WORK NOT WHILE AT WORK											
	36	226.1 certify that (1) (this hospi	ital) attended the	deceased from_	SEPTEN	UBER 24 19 87		MBOL:		hot (I) (v	ve) lost		
		saw the deceased alive on above. (1) (we) (did) (did no	it) viet the bady	ofter death.	ar, ar	nd that in (my) (aur) opinian o	death occurred on the do	ite and hou	ur and fram the c	auses sta	ted		
		22 SIGNATURE	1/1	. (DEGREE	MEDICA: STAT		22c. DATES	SIGNED			
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		TANKS NAME (IVPE O	DICKE	, mo		LOCH PAKEN	J VA MEC	YAN	CENTE	R.			
	23a. B	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION		e Ount		1015		
	{:	Cremation	9/28/8	37 R.	A. F	erris & Co	West Che	ster	Cheste	r P	a.		
	24 FU	INERAL DIRECTOR		10000		250 DAT	REC'D. BY REGISTRAR	256 REGIS	TRAR'S SIGNATU	JRE			
	Tai	rring Funeral H	lome, PA, A	berdeen,	Md.21	001-3399 JOEP	20 1981 J	dia Da	vidern Ren	dass			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25	b7	FOR STATE REGISTRAR			EALTH AND MENTAL RY	GIENE REG. NO	0	7 6		
		CEASED NAME Willia	MIDDLE	Coi	PLAN	20. DATE OF DEATH	MONTH DA	Y YEAR	12:46 M	
	3 SE)	M ALE	4. RACE WHI!	TE S. DATE C	F BIRTH	6. AGE JIN YEARS LAST BIRT	YRS	UNDER 1 YEAR	IF UNDER 24 HRS	
3	MA	RTHPLACE (STATE OR FOREIGN COUNTRY) RYLAND	76 CITIZEN OF WHAT	MARRIE		9 BALTIMORE CITY O	100	3-	CITY MD	
7	1:	Balvom of DEATH	(IF NOT IN SUCH FACILI	HOSPITA	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O MANUFACT	F WORKING LIFE)		F BUSINESS OR	
5	13o. S	AL RESIDENCE IN NURSING HOME OR		TY OR TOWN	136 INSIDE CITY LIMITS?	2 / 2	SON AVI	5007	1217	
0		ELIAS	MIDDLE COPL		15. MOTHER'S MAIDEN NA	WIDDLE		PATZ	PT.306	
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN)	E WAR OR DATES)	OCIAL SECURITY NO. 4–03–7890	17 INFORMANT MRS 2423 LIGHTFO	S. FLORENCE TO DR. BALTY			1209	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT			pirates .	ercsy		BETWEEN	MATE INTERVAL ONSET AND DEATH	
	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A	CONSERVENCE OF	ve Heary			N #N PART III	2	
7	CERTIFICATION	190 DATE OF OPERATION 196 CONDIT		FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DI YES NO				
7	¥	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. A	JRY MONTH DAY YEAR 19	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	IT I OR PART ?)		
	MEDIC	WHILE NOT WHILE AT WORK	21e PLACE OF INJ	JURY CTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	
		220.1 certify that (1) (this hospi sow the deceased dive on above, (1) (we) (did) (did no	1 7 17 1	Y . 7	nd that in (my lour) prinion	death occurred on the do	ote and hour o	and from the		
		22h SIGNATURE	Feler	- M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FIAND	27c DATE 9/2	1/87-	
		Tre PHYTIANS NAMED THE	Redman	14		Hospital	•			
			EPT.23,198	7 MIKRO K		236 LOCATION CITY OR TOWN SRAEL BALTI			RYLAND	
4		UNERAL DIRECTOR SO		& BROS., IN TO., MD 212	C.	P 24 1987	Julia 1	Tordon:	Pondale	

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND	R
EPARTMENT OF HEALTH AND MEN	TAL HYGIENE
CERTIFICATE OF DEAT	TH **

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
DOF	OTHY	CORNETT	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
1 SEX FEMALE	WHITE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 74 HIS MONTHS DATS HOURS MIN.
OHIO	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD
BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET ST. AGNES H	OSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKE'R 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
	DUNTY 134 CITY OR TOW BALTIM	ORE 138 INSIDE CITY LIMITS?	1810 Dover Street 21223
FIRST UNKNOWN 160 WAS DECEASED EVER IN U.S		dis 15. MOTHER'S MAIDEN I	UNKNOWN ADDRESS
(YES, NO ORUNKNOWN) I IF VEI	268-26-	0057	ett 1810 Dover Street 21223
PART I. DEATH WAS CA	only one couse per line for (a) (b), or USED BY:	te peritone	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SYSNIFICAL	DUE TO, OR AS A CONSEQU		RMINAL DISEASE OR CONDITION GIVEN IN PART 1 0
THE DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	THE CONDINEN FOR WHICH	OPERATION WAS PERFORMED	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEST CHEST NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MONTH D	AY YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)
214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE,	PARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
saw the deceased alive	pantal orthogod the deceased from the local wine the body after death came of Liche	DEGREE ATTENDING	
224 PHYSICIAN'S NAME (IN		PHYSICIAN 22e ADDRE	gres Waylot
236 BURIAL, CREMATION, REMOVE SPECIFY Burial		NAME OF CEMETERY OR CREMATOR edar Hill Cemetery	Brooklyn Pk. A.A. Maryland
24 FUNFRAL DIRECTOR	ADDRESS *	21.229 250 D	ATE REC D. BY REGISTRAR 25b. REGISTRAP'S SPONGE

DHMH-16 50M 1/81 (VRA 15, 4)

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. 1108 1987

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYELENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH I. DECEASED NAME MIDDLE MONTH (TYPE OR PRINT) corgiana 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1: SEX ONTHS | DATS 09 BALTIMORE CITY OR COUNTY OF DEATH A BINTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore WIDOWED DIVORCED ITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY none (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STREET ADDRESS / ZIP, CODE 131-COUNTY Himove 13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME ANIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for to: ovo PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF neumonia Conditions, if ony, which gave rise to immediate couse (o), stoting other DUE TO, OR AS A CONSEQUENCE OF underlying cause last. io, 0 ple PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 206 IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? be NO [Hygu 71c. HOW INJURY OCCURRED (ENTER NATURE OF 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 711 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY ŏ COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 STREET AT WORK NOT WHILE 270 I certify that (1) [this hospital] and that in (my) our) opinion death occurred on the date and hour and from the causes stated (did not) view the body affer death. DIRECT DEGREE ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT 22e ADDRE should be with the S 0 230 BURIAL, CREMATION, REMOVAL BP

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4) 250 DATE REC'D.

STRAR 756 REGISTRAR'S SIGNATURE

Countries Country 131 4/3

TATE OF THE STATE OF

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HEIENE CERTIFICATE OF DEATH

1		1.	FOR STATE	DEP		EALTH AND MENT		Ø:m			
066536	CED	-	REGISTRAR			CATE OF DEAT		REG. NO).		
o o o o o o o o o o o o o o o o o o o	SEP	Z SE	Samue	e W.	COR	inish	5R. 70. DA	ATE OF DEATH	9 18	87 7 T	HOUR AM
e 4 moy		3 SE	× M	RACE B2	5. DATE O		AR /	(IN YEARS LAST BIRTH	MONTHS		OURS MIN.
oth. Pog erol dire	35	7e. B	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	MARRIEI	NEVER MARRIE	ED 1	TIMORE CITY OF		ATH	
offer of the funded within	2	10.C	altimore 2	I. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	URSING HOME C	R OTHER INSTITUTION	ON 17a US	SUAL OCCUPATION WORK FOR MOST OF		KIND OF SUDUSTRY	JSINESS OR
VD 2120	10 mg	USU 13a	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE		13d. INSIDE CITY LIA YES DE NO I	AITS? 13. ST	REET ADDRESS /	ZIP CODE	+ 3	7/123
MARYLAI ed within mpletely f	Cominer	14. FA	RHER'S NAME REGISTRAL	DDIE CAPA	rish	15 MOTHER'S MAID	_ ~~	WIDDIE	7417()16	2 LAST	00
ALTIMORE, N te be executed icion and com sers. Pages a	medicole		VAS DECEASED EVER IN U.S. ARME	ED FORCES? 166 SOCIAL VAR OR DATES)	SECURITY NO.	17 INFORMANT	ornist	ADDRES	SS NI Rat	ta St	topot
Sylve	2		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line far (a), (l BY:	b), and (c).1	arne	,	12269	-	APPROXIMATE ETWEEN ONSE	INTERVAL T AND DEATH
W. PRESTON S the death cer the attending te remotion area	other troumatic er		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS (b) ODUE TO, OR AS A CONS	SEQUENCE OF	lial in	(on osis			
RDS, 201 equires the signed b Then pleas		NO	PART 2. OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING		NOT RELATED TO TH	HE TERMINAL D	ISEASE OR COND	ITION GIVEN IN I	PART I/a	
AL RECOR	Auo Smo	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	WAS PERFORMED		AUTOPSY?	706 IF YES, WERE IN CERTIFYING O	CAUSES OF I	USED DEATH?
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir contending physicion. Were this certificate has been sign of the build-tronsit permit. Then hand Mental Hygiene prior to b	Hem 18 sh		718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	716. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY (OCCURRED (EN	VIER NATURE OF INJURY	Y IN ITEM 18 PART I OR	PARI 2)	bood
NVISION VG PHYS offendin frer this c	ked	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	211. LOCATION STREET		CITY OR TOW	/N (0	YINU	STATE
fol o OR. A	21 is		27a I certify that (I) (this haspital saw the deceased alive an obave, (I) (we) (did) (did not)	9/18	C-70	12 8 , 19 d that in (my) (aur) (57, ta apinian death o	ccurred on the dat			(I) (we) last ses stated
OR be he be			1776. SIGNATURE Kimberly	A. mcC.	ea, M	DEGREE ATTENE	DING MED	OICAL STAFF	F	c. DATE SIGN	NED
TO HOSPITAL etoined by the TO FUNERAL should be deta	MPORTANT		Kimberly A	. McCRea	- MD	22.5	. Grea	e 51.	Bult.	mb	2+2
BP	<u> </u>		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	9/23/87		METERY OR CREMA	ATORY 734	OWINGS M	ILLS,	·ΙΥ	MDSTATE
DHMH - 16 60A (VRA 15, 4		24 FI	UNERAL DIRECTOR M. C. MARCH F/H,	INC. 1101 ^{ADD}	E. NORTH		SEP 22	BY REGISTRAR 2		SIGNATURE	

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DIVISION OF VITAL RECORDS, 78 W

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 60M 7/84

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(VRA 15, 4)

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C. MARCH F/H INC. 1101 E, NORTH AVENUE

SEP 23 1987 Alia Dandon Parles

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSTENE

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	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO),		
	Pi	CASED NAME FIRST Mary	Cath	erine	Covey	20. DATE OF DEATH	9 2	RT 2b	HOUR SO
	3. SE)	x Female	4 RACE White	5. DATE O MONTH 4-1		6 AGE (IN YEARS LAST BIRT	HDAY) IF UND		UNDER 24 HRS
		RTHPLACE (STATE OR FOREIGN COUNTRY) Md. ITY OR TOWN OF DEATH	U.S.A.	WIDOWE		Balto. C	ity		MD.
1		Balto.	1000 S. Cat	on Ave. 2	1229	(TYPE OF WORK FOR MOST O Housewife	WORKING LIFE) IN	DUSTRY	USINESS OR
		AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	NTY 13c. CILY	OR JOWN	13d. INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS	zip code ern Pkwy	. 212	14
2	14 FA	Thomas		irrier	IS. MOTHER'S MAIDEN NAM Anne	MIDDLE	Quarl	.es	
		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	1AL SECURITY NO03-9727 D	Helen T. Hei	sler, 4406		Pl. 2	1218
1	CERTIFICATION	gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION	DUE TO, OR AS A CO	ING TO DEATH BUT		INAL DISEASE OR CONF	20b. IF YES, WER	E FINDINGS	S USED
		710. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	ATH HOUR A.M. MON		21c. HOW INJURY OCCURR	YES NO	YES 🗍	1	40 []
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TO	VN CO	OUNTY	STATE
		270.1 certify that (I) (this hosp sow the deceased alive or anove, (Artive) (did) (did no 27b. SIGNATURE)	7 11 111 /		. 19 Id that in (my) (our) opinion of OEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _ 2		
		GEDRAL	Auga	,	3350 MM	um a	he k	nels	mer
		Burial CREMATION REMOVAL	9-5-87	23c NAME OF C		23d LOCATION GUY OF TOWN Balto.			STATE
		UNERAL DIRECTOR	Inc 5305	Parford D		E REC'D. BY REGISTRAR	256 REGISTRAR'S	-	

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior te IMPORTANT: If them 21 is morked or them 18 shows any

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE C PEGISTRAR			Jan All	CERTIF	CATE OF DEA	TH		REG. 1	10			
TUDI	CEASED NAME	FIRST	A	AIDDLE	l	AST	7	20 DATE C	F DEATH	MONTH	DAY	YEAR	26 HOUR
(14)	PE OR PRINT)	EDNA	EST	ELLA	C	XC				9.	20	87	
3. 58	X		I. RACE		5. DATE C			AGE IN	YEARS LAST B	RTHDAY)	MONTH	DER I YEAR	IF UNDER 24 HE
	FEMALE		E	BLACK	3 MONTH	15 1	922	65		YR		IS WATS	HOURS MI
70 E	BIRTHPLACE (STATE O	R FOREIGN	L CITIZEN OF	WHAT COUNTRY	? 8	War san	9	BALTIM	ORE CITY			EATH	
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	BALTIMORE	EATH		H FACILITY, GIVE STREE	ING HOME C	OR OTHER INSTITU	TION I	120 USUAT	OCCUPA ORK FOR MOST	OF WORKIN	12	L KIND C	HOME
13a. N	JAL RESIDENCE (IFNU STATE IARYLAND	136 COUN		GIVE RESIDENCE BEFO 13c. CITY OR TOV BAL FIMOL	WN	/ 474	0 🗌	3003	ADDRESS	/ ZIP CO	_{ooe} Ba Aven	ltim ue	ore, Mc 21216
TIL. F	John	,	C.	Barne:	S	15. MOTHER'S M	Ť		MIDDLE			Gib	
	WAS DECEASED EVE			166 SOCIAL SEC	URITY NO.	17. INFORMANT	MR.		ADD	RESBAL	TIMO		MARYLAN
	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	217-16-	1768	FURLOW (COX	3003	PIEDN				
CERTIFICATION	PART 2 OTHER SIG	se last GNIFICANT C	ONDITIONS CO		COLEATH BUT	HEART NOT RELATED TO		VAL DISEA		20b. IF	YES, WE	RE FINDI	NGS USED
HE								YES 🗌	NO [IN CE	RTIFYING	CAUSES	NO [
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MEDICAL	21d. INJURY OCCU	WHILE	21e. PLACE ((AT HOME, STE	OF INJURY BEET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET			CITY OR	OWN	(OUNTY	STATE
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1	JAME	NAME ITHE O	PRI	Est	n.O.	3/01	Carri	nns	741	1/5	PKa	W.	
23a	BURIAL, CREMATION	N PEMOVAL	235 DATE	/122			-/-	Tank 100	/ - /	\rightarrow	/	6	
	(SPECIFY) _					EMETERY OR CRE	MATORY		TY OR TOWN		co	YIML	STATE
24	BUR :	IAL	9/25/1		ARRISON		VET.CE	C1			LIMO	RE 1	MARYLAN

DHMH - 16 60M 7/84 (VRA 15, 4)

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2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

the first that the same of the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centrical Fernand within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending process. Pages of the in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove continuous. Pages and serially and Merkel Management of buring cremition or	With the Store Copy, or negative or frem 18 shows any nijury, or other troumotic
	TO HOSPITAL (Should be detail	IMPORTANT: IF

(VRA 15, 4)

	DEC	REGISTRAR EASED NAME FIRST	WIDDLE	LAST	REG. NO	O. MONTH DAY YEAR
		SHIR	EY	cox ·		9 05 87
s offer deorn	3 SEX	Female	A RACE White	S. DATE OF BIRTH MONTH DAY YE	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS
34		THPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNT		BALTIMORE CITY O	R COUNTY OF DEATH
	10 CI	3 Deter ou	11. NAME OF HOSPITAL, NUF	RSING HOME OR OTHER INSTITUTION OF ADDRESSI	(TYPE OF WORK FOR MOST C	working life) INDUSTRY Homem
The sound be	13e S	MO B	ITY 13t. CITY OR T	PORE ADMISSION) OVYN 13d. INSIDE CITY LIA YES NO		
30	14 FA	THER'S NAME Thomas J.	MIDDLE STELLAST	Sr. Rest	Marie	Hart
1		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (1F YES, GIV		ECURITY NO. 17 INFORMANT	Bernew	50-
1		PART I. DEATH WAS CAUSE	ily one couse per line for (o), (b) D BY: TE CAUSE (o)	otornel	Synds	APPROXIM BETWEEN OF
rial, cremat ar ather tro		gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF	TE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110
prior to bu	FICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES
ransit permit. Then p Hygiene priar ta bui 18 shaws any injury,	CERTIFIC	210 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY	200 AUTOPSY? YES NO	IN CERTIFYING CAUSES O
burial-transit permit. Then p I Mental Hygiene priar ta bui ar Itera-18 shaws any injury.	MEDICAL CERTIFICATION	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINET 216 INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 216 HOW INJURY O	YES NO	IN CERTIFYING CAUSES (YES JRY IN ITEM 18 PART 1 OR PART 2)
for use os the buriol-tronsis permi. Then p of Health and Mental Hygaine prior to bu 21 is marked or Hem.18 shows any injury.		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINET 216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 216. HOW INJURY (19 216. LOCATION STREET	YES NO	IN CERTIFYING CAUSES (YES IRY IN ITEM 18 PART 1 OR PART 2) OWN COUNTY
oched for use as the burial-transit permit. Then per Dept. of Health and Mental Hygiene prior to burial them 21 is marked or them 18 shows any injury.		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINET 216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 216. HOW INJURY (19 216. LOCATION STREET	YES NO COURRED (ENTER NATURE OF INJUDENT OR TO STANDARD AND INCOME OF INJUDENT OR TO STANDARD OF INJUD	IN CERTIFYING CAUSES OF YES COUNTY OWN COUNTY Oute and hour and from the county of t
thed for use as the burial-transit permit. Then prepared in Health and Mental Hyangene prior to boundern 21 is marked ar tens. 18 shows any injury,		21a ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DELETHER NOTIFY MEDICAL EXAMINET AT WORK AT WORD WORK AT	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFF	DAY YEAR 19 216. HOW INJURY (19 216. LOCATION STREET 217 218 LOCATION STREET 218 LOCATION STREET 219 219 219 210 210 2110 2110 2110 211	YES NO COURRED (ENTER NATURE OF INJURE OF INJU	IN CERTIFYING CAUSES OF YES COUNTY OWN COUNTY Oute and hour and from the county of t

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director, page 3 hours after death

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STATE OF MARYLAND

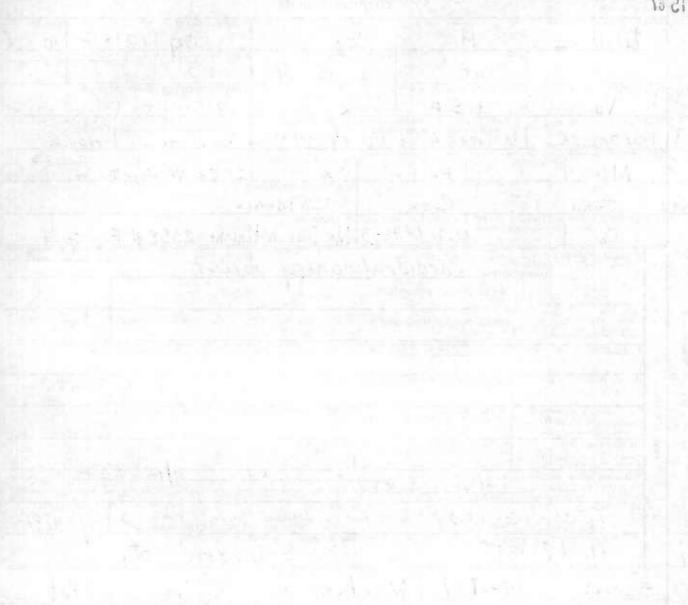
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

SEP 15	8	FOR STATE REGISTRAR	DEPARTM	SERT OF HEALTH AND MENTA CERTIFICATE OF DEATH		
deoth	(1)	PECEASED NAME FIRST	MIDDLE M. A RACE	Cox	20. DATE OF DEATH MONTH	2/8 7 26 HOUR 2/8 7 10 S8M
avrs after	3. 5	F	Black 76 CITIZEN OF WHAT COUNTRY?	S. DATE OF BIRTH	0.2	MONTHS DAYS HOURS MIN.
4	1	COUNTRY) Va.	U, S. A.	MARRIED NEVER MARRIE	Balhmore	City MD.
1 10	1	Baltmore	UNIVERSIFY OF	abornessi Had Hosputa	al Type of work for most of working Domestic	126. KIND OF BUSINESS OR INDUSTRY House
and planed by	130	STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY 13c. CITY OR TOWN	N 13d INSIDECITY LIM YES Z NO [2558 W. Fa	ode 2/223 yette St.
30	0	John	C LAST		donia	LAST
s. Poges e medica	160.	WAS DECEASED EVER IN U.S. AR/ (YES NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECUL E WAR OR DATES) 227-72-1	1533 Ms. Sara	th Knight 2558 V	V. Fayette St.
emayal.		PART I. DEATH WAS CAUSE	y ane cause per line for (a), (b), one B BY: E CAUSE (a) CO P Q TO	1	Arrest	APPROXIMATE INTERVAL SETWEEN OMSET AND DEATH
n plant remove carba mention, ar r mention er traumatic		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	NCE OF	ie terminal disease or condition	GIVEN IN PART 1 0
100	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \(\bigcup \)
rial-transmental		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER		Y YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM	
e as the buri alth and Mer marked ar It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	CITY OR TOWN	COUNTY STATE
f He		22a I certify that (I) (this haspit sow the deceased alive on abave, (I) (we) (did) (did nai	al) attended the deceased from	8 F, and that in (my) (aur) o	8 F., to 912	, 19 7, that (It (we) last hour and from the causes stated
detached ate Dept 4T: If Item		226. SIGNATURE . UUU	renes	DEGREE ATTEND PHYSIC	DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN	221. DAJE SIGNED 9/13/87
should be detoched for with the State Dept. of IMPORTANT: If Item 2		22d. PHYSICAN'S NAME LYPE O	13E	22e ADDRESS 22 S	Greene 8	t. 1
v 3 ≤	1	BURIAL, CREMATION, REMOVAL	23b. DATE 9-16-87 23c N	JAME OF CEMETERY OR CREMA	Batto	COUNTY Md. STATE
6 60M 7/84	24.	FUNERAL DIRECTOR JOS. A. MORTON J	Sons 1700 CESSL	aurens	SEP 1 4 1987 Juli	GISTRAR'S SIGNATURE

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows an TO FUNERAL DIRECTOR: After this certificate bas should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygueret etained by the haspital or attending physician.



065463

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

163	SEP 1	1 8	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	IENE REG. NO				
400	JC1 1	I DE	CEASED NAME FIRST	MIDDLE		AST .	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR		
noy be	90	(TYPE	GERALD	INE	CR	ADDOCK	9	10 87	м		
e e	è	3. SE:	(4 RACE	5. DATE (& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS		
99 4	0		FEMALE	BLACK	6	19 24	63 YR	s.			
6 4	2 011		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8	D X NEVER MARRIED	9 BALTIMORE CITY OR COUN	TTY OF DEATH			
1 1	10		NC NC	U.S.A.	WIDOWI		BALTIMORE CI	TY	MD.		
9 3	0/	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	128 USUAL OCCUPATION		F BUSINESS OR		
1 4	1/10		ALTIMORE	1008 BONAPAR		NUE	THE OF WORK TOK MOST OF WORKER		SEC.		
24 hou	35	USU. 13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO		21218		
ed within	100	14. FA	THER'S NAME FIRST EDWARD	MIDDLE LAST ELLER		15. MOTHER'S MAIDEN NAME OF STREET URSULA	WE	KEA	ÄRNS		
Con	8 8		VAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS				
	1	(res, no or unknown) [IF YES, GI	VE WAR OR DATES) 038-18-	7747	JOHN A. CRAD	DOCK 1008 BONA	PARTE AVE	NUE		
ote b	E)		18 CAUSE OF DEATH (Enter of	nly ane cause per line for (a), (b), a: DBY:	ndici	- n	1-0	BETWEEN	MATE INTERVAL ONSET AND DEATH		
A T				TE CAUSE (a)	esta	ne Alens	+ Cancer		4 14 14 14		
th co	notic		DUE TO, OR AS A CONSEQUENCE OF								
deo offe	otion		Conditions, if any, which gave rise to immediate								
hat the by the	lease remave cor ial, cremation, at or other traumatic		couse 101, stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF						DAME:		
requires that the death	hen p to bur njury,	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 110	o		
on. hos bee	ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF IN CEI	YES, WERE FINDIN RTIFYING CAUSES YES	NGS USED S OF DEATH?		
N: T	Hygie	W	210 ACCIDENT WAS UNDERLYING		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART T OR PART 2)			
ICIA 9 ph	Triol-tr	N N	OR CONTRIBUTING CAUSE OF DE	AIH	19						
G PHYS offending er this c	os the bur th and Me orked or H	MEDICAL	21d INJURY OCCURRED WHITE NOT WHITE AT WORK	21e PLACE OF INJURY EATHOME STREET FACTORY OFFICE.	FARM ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
VDIN Or or	leolth s Hor		22a I certify that (I) (this hosp	ital) attended the deceased from	27	9/2 19 86	10 9/10	19.87	tha (1) (we) last		
Spito CTO	of h		sow the deceased alive on, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (see (did) (did not) view the body atterdepth,								
HOSPITAL OR ATTENDING PHYSICIAN; ined by the hospital or offending physicians FUNERAL DIRECTOR, after this certifical	Store Dept ANT: If Item		276 CIGHUTURE arm	m All	n	DEGREE ATTENDING PHYSICIAN &	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE.	SIGNED 10 37		
HOSPIT bined by FUNER	should be det with the Store IMPORTANT:		Davis M	Hahn		5601 Loc	- Raven C	3/03	EW 2		
5 g 5	£ 3 8	230	BURIAL, CREMATION, REMOVAL	23b DATE 23c.	NAME OF	EMETERY OR CREMATORY	234 LOCATION		(****		
BP			BURIAL	9/14/87 B	ALTIM	DRE NAT'L CEM.	. BALTIMÖRE,	COUNTY	MĎ		
DHMH - 16	60M 7/84	24 F	UNERAL DIRECTOR	ADDRESS			TE REC'D. BY REGISTRAR 256 REC		URE		
(VRA	15, 4)	W	M. C. MARCH F/H	, INC. 1101 E.	NORTH	AVENUE SF	P 1 4 1987 / Line	Needen D	· Page		

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

236 DATE

10/2/87

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

231 NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

STATE OF MARYLAND

Brooklyn Pk.

23d LOCATION

YES T

COUNTY

STATE

STATE

2h HOUR

Window Factory

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER I YEAR

250, DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

(VRA 15, 4)

ulia Dividion. Radallo

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 2b HOUR 3 IF UNDER 1 YEAR

4 RACE 3. SEX 7a. BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? COUNTRY

MARRIED NEVER MARRIED WIDOWED DIVORCED

ITYPE OF WORK FOR MOST OF WORKING LIFE!

BALTIMORE CITY OR COUNTY OF DEATH

126 KIND OF BUSINESS OF INDUSTRY

13g STATE

MYREE

611 S. Charles St 15 MOTHER'S MAIDEN NAME.

14 FATHER'S NAME

CERTIFICATION

80

morked

MPORTANT

LYES NO OF UNKNOWN

DECEASED NAME

LIVPE OR PRINTS

William 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)

16b SOCIAL SECURITY NO 220-03-9591

Callahan

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (D)

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

VES NATice

Dorothes Thomas 1403 McCulloh St.

90 DATE OF OPERATION

21d IN JURY OCCURRED

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause

196 CONDITION FOR WHICH OPERATION WAS

20a AUTOPSY

NO

CITY OR TOWN

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME STREET FACTORY OFFICE FARM FTC.)

21c HOW INJURY OCCURRED

21f LOCATION

COUNTY

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from

> ___, and that in (my) (aur) opinion death occurred on the date and have and from the causes stated DEGREE

ATTENDING MEDICAL. PHYSICIAN

DIRECTOR PHYSICIAN

22e ADDRESS

23a BURIAL CREMATION, REMOVAL (SPECIFY)

Burial

9/26/87

21e. PLACE OF INJURY

23c NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.

Brooklyn

24 FUNERAL DIRECTOR

(VRA 15, 4)

Chas. A. Rice FSPA 1300 Eutaw Place

saw the deceased alive an above, (I) (we) (did) (did not) view the body after death

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR; SIGNATURE Villa Davidson- Kandall

DHMH - 16 60M 7/84

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Manager States of the Control

Market State of the State of th

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- Let of the grant.

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AND STORY OF THE STORY STORY

National Arms 15 and 4

STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYDRENE

30	87 E STRAR	DEFARIT		TE OF DEATH	REG. NO		į	
	EASED NAME FIRST	WIDDLE	CROS	5.5	20 DATE OF DEATH	9 25	VEAR 26	HOUR 30 A M
1.58)	F 4.R	RACE	5. DATE OF BI	DAY YEAR OF O'S	6 AGE (IN YEARS LAST BIRTH	YRS	NIHS DATS HE	UNDER 24 HRS
. BI	RTHPLACE (STATE OR FOREIGN 7b.	CITIZEN OF WHAT COUNTRY?	WIDOWED		9 BALTIMORE CITY OF	COUNTYO		MD.
10.01	ACTIMORE P	NAME OF HOSPITAL, NURSING INF NOT IN SUCHFACILITY, GIVE STREET A	(DDRESS)		120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF	WORKING LIFE)	126 KIND OF BUSINESS O INDUSTRY Home	
IN S	Nd (IF NURSING NOME OR OTH	HO TUY DE TOUR) 13d YE	INSIDE CITY LIMITS?	322 Sol	zip code .	P.F. R	4.23
9"	Dave MIDE	Williams	15.	ROSE	AIDDIR		iams	1.42
	VAS DECEASED EVER IN U.S. ARMEE YES NO OF VINKNOWN) (IF YES, GIVE WA	D FORCES? 166 SOCIAL SECU 212-32-		Mrs. Nanc	ie Crawley			
8	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C	Canchi		nonary	Arrest		BETWEEN ONS	ET AND DEATH
	Canditians, if any, which	DUE TO, OR AS A CONSEQUE		stasis			nont	now
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NGE OF A	enal cr	treinome	2	unk	now
NO	PART 2 OTHER SIGNIFICANT CON	nditions <u>contributing to </u>	EATH BUT NO	TRELATED TO THE TERM	ainal disease or cond	ITION GIVEN	N IN PART Tra	
CERTIFICATION	90 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION W	'AS PERFORMED	200 AUTOPSY? YES NO		WERE FINDINGS ING CAUSES OF	
#	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	AY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	I IN ITEM 18 PAR	T I OR PART 2)	
MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F		LOCATION STREET	CITY OR TOV	nN	COUNTY	STATE
	22a L certify that (I) (this haspital) saw the deceased alive an		7/ 7 , and th	nat in (my) (aur) apinian	death accurred an the da	te and haur o		it (I) (we) last uses stated

saw the deceased alive an abave, (I) (we) (did) (did not) view the bady after death 226 SIGNATURE

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF

A P D U TUS

DEGREE

23d LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

CRTANT

A Morton & Sons 1701 Laurens

SEP 28 1987

Situation of the state of the s Md. Balto Turners Williams Person Dave No Statement Vers - should second with Etherselister

Burial gassa Butus Bolton Nd.

Limes A Mortant Sun 1201 Lawrence -

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

nc. Catonsville, Balto.Md.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Щ	D OF KEGISTKAK		dentification of partiti	REG. NO.						
	1. DECEASED NAME FIRST GEORGI	E E. CRO	UST: LAST	SEPTEMBER 8,	1987 26. HOUR 9:30 M					
	Male	White	5. DATE OF BIRTH MONTH 27, 1915	6. AGE IN YEARS (AST BIRTHDAY) 72 YRS						
2	70. BIRTHPLACE (STATE OR FOREIGN 7 COUNTRY) Maryland	USA	MARRIED WEVER MARRIED	DATETIONE						
1	JO CHI ON TO MIT OF DEATH	THE JOHNS HOP	KINS HOSPITAL	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING RETIFED Tru	17b. KIND OF BUSINESS OR INDUSTRY Driver					
7	USUAL RESIDENCE IN NURSING HOME ORG 130. STATE 136. COUN'			13. STREET ADDRESS / ZIP CO	21224 wood Ave.,					
1	George Elber	t Crouse, Sr.		Is MOTHER'S MAIDEN NAME Elizabeth Julia						
	160 WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SECU 218-07-		~ 7. 1	04 Summit Ave alto.Md.21237					
		DUE TO, OR AS A CONSEQUE (b) PORTO OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	Adericarchano	erminal disease or condition of	GIVEN IN PART TIO					
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO V					
2	OR CONTRIBUTING TO CAUSE OF DEAT	in .	AY YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM 1						
	GUP EITHER NOTIFY MEDICAL EXAMINER) If EITHER NOTIFY MEDICAL EXAMINER) IN UNITY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK NOTIFY MEDICAL EXAMINER AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	PARM ETC 211. LOCATION	CITY OR TOWN	COUNTY STATE					
	22a.1 certify that (1) (this haspite saw the deceased alive an abave, (1) (we) (did) (did not		87 , and that in (my) (aur) apini	ian death accurred an the date and h	our and from the causes stated					
	27b. SIGNATURE Stern	C. Much	DEGREE ATTENDING PHYSICIAN		9/8/87					

Process

Ave., Md.21225 SEP

atapsco Balto.,

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has b

(VRA 15, 4)

should be detoched for use with the State Dept. of Heal IMPORTANT: If Item 21 is

23a. BURIAL, CREMATION, REMOVAL

24. FUNERAL DIRECTOR

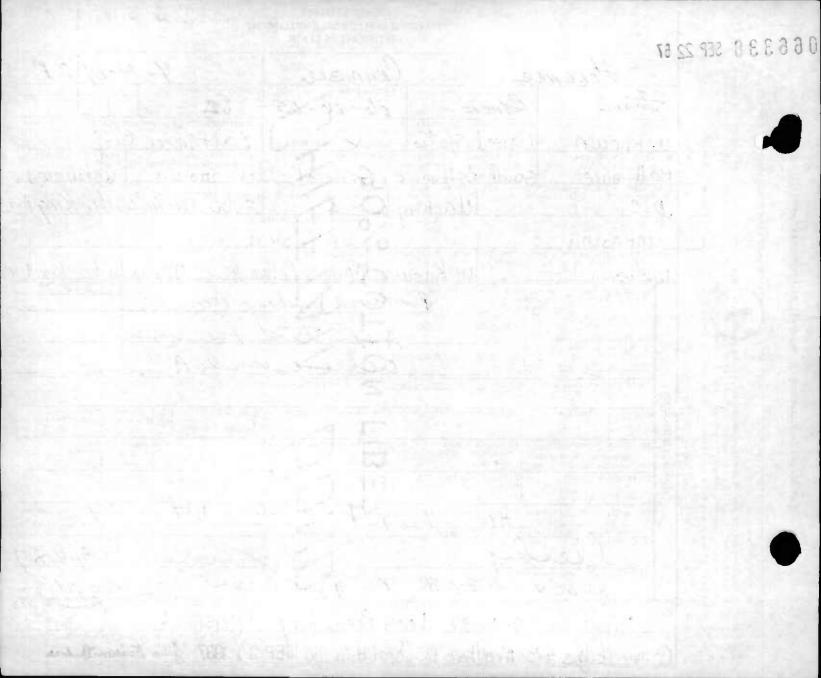
Cremation

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE 1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO.

DCEL	C 7 CC0	100	REGISTRAR			MEDI	CAL	AMMIN	EK 3 C	CKIIII	CATEC	T UEF	AIII	REG.	NO.		- 1	
0034	D / SEP	15	CEASED NA			M	UDDLE			LAST			20 DATE OF	KNOWN ESTI-	X MON	NTH DAY	YEAR	Zb HOUR
	ES. SE.			Shir	ley				C	ruise			DEATH	MATED		11	19 8	7 M
	PLEASE ECTOR FILES HOUR:	3	. SEX	4 RACE	5 DATE OF	BIRTH	YEAR	6. AGE (IN YE.		DER 1 YR.	IF UNDER		20 DATE		MÖN	TH DAY	YEAR	114 110011
1	ARY, PLEASE LDIRECTOR. YOUR FILES. N 72 HOURS		FEMALE	BLACK	10	21	28	55 YF	, Intoliti	DAYS	HOURS	MIN	PRONOU DE AL			9 11	19 8	7 2 AM
0	SSAL SSAL	2	TO BIRTHPLACE	(STATE OR	76 CITIZEN	OF WHAT	COUN		8 MARRI	ED NE	VED MADD	ED []	9. BALTIA	AORE CITY	OR CO	UNTY OF		
	SE S	2	V.A.	τ;	Ţ	JSA			WIDOW		DIVORC	-	Balt	imore	- Cit	-V		MD
	S 3 3 3 4 7 7 7 3 5 4 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5	7	O. CITY OR TOW	N OF DEATH				SING HOME	, OR OTH	ER INSTITU	TION		UAL OCCU	PATION (ORK 12b. K	IND OF B	USINESS
	ANY DELAY IS NECESSARY, AND 3 TO THE FUNERAL DIRE PET IN THE SOR YOUR FOUND BE FILED FOUND FOUND BE FILED FOUND FOUND BE FILED FOUND FO	4	Baltim	ore				Street				HOU:	SEKEE	PING		DI	SABLI	ED .
-	A DE		JSUAL RESIDENCE	E (IF IN NURSING HOME	OR OTHER INSTITU	UTION, GIVE R	ESIDENCE		(NC	13d. INSIDE C	ITW - IAMETCS	112. 670	EET ADDD	rec				
10016		27	MD	138 6001	411	1000	BAL	TIMORE		YES	NO [20	WEST	20th	STR	REET	2.	1218
3	- 2'- H	04	4 FATHER'S NA	ME	MIDDLE					15 MOTHE	R'S MAIDE	NAME						
380	DEATH GES 1	7	FIRST		WIDDLE			LOVELA	CE		IRST		UN	KNOWN			LAST	
0	15000	1	60. WAS DECEA	SED EVER IN U.S. AR	RMED FORCES	5?		IAL SECURIT		17 INFORA				ADDRE				
1.14	E 2 2 3 5	/1	NO	(# 123, 6)	E WAR ON DATES)		218	-82-65	85	OLA 1	MANLE	Y 44	45 LI	NTHIC	UM R	CAO	2103	5
	8 4 5		18 CAUSE	OF DEATH (Enter a	nly ane cause	per line for	(a), (b)	and (c).)				Time				B.E.	APPROXIMA	TE INTERVAL ET AND DEATH
2	22024 20024		PARIT	DEATH WAS CAUSE	ED BY: ATE CAUSE (a)	Cir	rhos	sis						1	100		7.7	Te m
MOTOR	STATES					TO, OR AS	ACON	SEQUENCE (OF									
300				rans, if any, which		Chr	onic	alcoh	olis	m						00		
3	NA SER S		cause	(a) stating the under		TO, OR AS	A CON	SEQUENCE (OF .						1,5		1/8.	
100	N. A E E		lying o	ause lost.	(c)											-		
ž	EXECUTED NG" IN PROCEED CAL EXAM. BURIAL-HAND MEI WATION, CALL		PART 2 OTHER	SIGNIFICANT CONDITIONS			NOT RELAT	IEO TO THE TERM	INAL OISEASE	OR CONDITIO	N GIVEN IN PA	RT 1 a.						
	BE E LOIN SA A SEA																	
0	F A PER	7	190. DATE	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20	AUTOPSY				
W THE SHEAD BELL AND MAINTAIN	SHOULD ORD "PE CHIEF A SE USED A		19a. DATE (43	HEAD	ONLY
2	W W W	7	210 EXTER	NAL CAUSE WAS		IME OF IN		B.14 WE.	21c HC	W INJURY	OCCURRE	D LENTER	NATURE OF IN	JURY IN ITEM	IB PART 1 C	DR PART 2)		
3	CERTIFICATE TING THE WED TO THE 3 SHOULD BEPARTMEN	7		NG OR		P.M.	HINON	DAY YEAR										
35	PRICE PRICE		21d INITIE	COCCURRED	21e F	PLACE OF	INJURY	(AT HOME.		CATION								
à	ARITING ROE GE 3 201		WHILE AT WORK	NOT WHILE [STF	REET, FACTORY	r, FARM, ET	C.)	5	TREET			CITY OR TO	NW		COUNTY		STATE
En sul	E, WAR				2.1					y X							- 1	
100 770	A S S S S S S S S S S S S S S S S S S S			rtify that I took that	1/ 15	ilins describ	ped obo	ve, held on	Autaps		Inspectio		Inquiry		and in m]	y opinion		
	AAA THE RYL RYL		death res	ulted fram: Hatu	THE COUNTY IS	17	Fichent /	Su	icide		ide LJ	Undet	ermined m	onner L	J.			
	A VENEZA		ACTUAL	1	Kel	1	X	n_		TITLE (S					DA	TE	0/11	107
	SHE SHE	V	SIGNATUR	E	-	-	4	-	M.	D. ASS.	ISLan	L_MED	ICAL EXAM	MINER	SK	GNED	9/11/	181
Bartin	AEDICAL CUTE THE 3E 4 SHO FUNERAL ER DEATH	1	EXAMINER		Char	les P	. Ko	kes, N	I.D.		111	Pen	n St.		F	Balto	MD	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITE EXECUTE THE CERTIFICATE. WRITING THE WORD. "FENDING" IN PENDING" IN PRINCIPACE SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINATOR TO FUNER ALL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSTED DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAMENT MARKATION, OR A MARKYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR B	4	TYPE OR P	AATION, REMOVAL				IAME OF CE		ADDRESS_						M1. CO	• 1.10	
		- 1	(SPECIFY)	AND STREET, ST	9/15/8	7		ING ME				CITY	CATION OR TOWN	LSTO	WN	COUNTY	7	MD
07/8 25M		1	24. FUNERAL DIR		7/13/0	,	I.K.	ING FIE	I II		250. DATE		REGISTRA	AR 25b. RE	GISTRAR	'S SICNA	TURF	110
	DHMH - 17 (VR A15 ME (5))		NAME			ADDRESS					CE	04	1 100	7 /	· No	ordern.	Parla	No.
	(AK WID WE (D))		WM. C	. MARCH F	/H INC	. 110	I E.	NORT	AVE	NUE_	00		1 100	7	100			~

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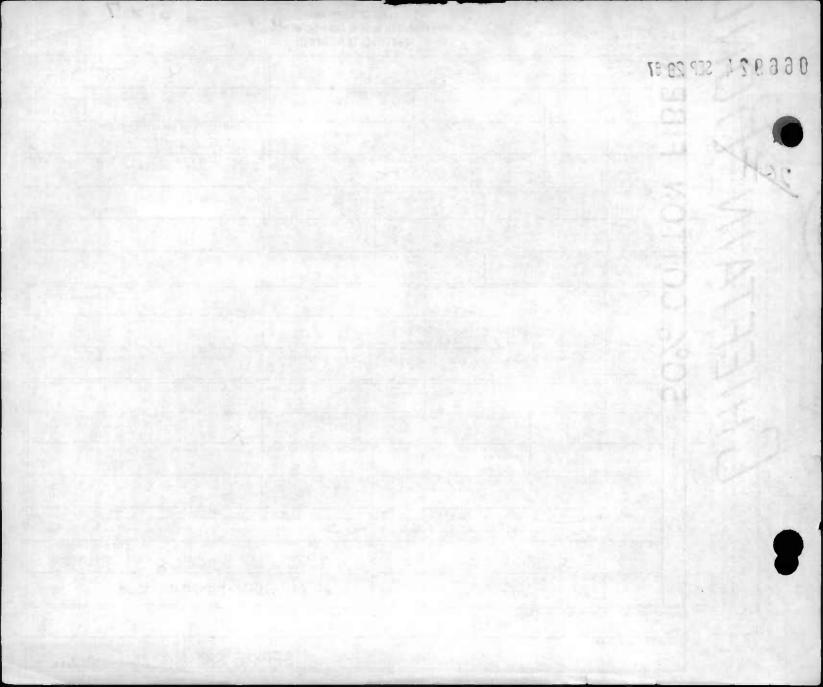


STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										A.	
SEP		RINT) EDD	IE CUN	NNINGHA	AM JR.	t	AST		20. DATE OF	F DEATH MO)	DAY YEAR	1435	
	3 SEX	male	4. 1	black		5. DATE (YEAR	6 AGE INY	EARS LAST BIRTHD		MONTHS DATS	HOURS I	
0		RTHPLACE (STATE OR FO	REIGN 7b		WHAT COUNTRY	? 8	D NEVER MAR			RECITY OR C	OUNTY			
4		Y OR TOWN OF DEAT			HOSPITAL, NURSI MEMORIAL	NG HOME C	OR OTHER INSTITUT	TION		OCCUPATION K FOR MOST OF W		IZE KIND OI INDUSTRY Westing	F BUSINES	
3.6	IJa S	Md	G HOME OR OTH 36 COUNTY	HER INSTITUTION	GIVE RESIDENCE BEFORE TO VERY Baltimo	WN			3309 POW		P CODE	Avenue	2121	
X) E	THER'S NAME ddies AS DECEASED EVER IN	MIDI	Cı	unninghar Itah social sec		Annie		ΛE	MIDDLE E. ADDRESS		Ellis		
1		Yes	LIF YES, GIVE W.		377-26-		Naomi Cu	unnin	gham			atan: A	venue	
		18 CAUSE OF DEATH PART I. DEATH WA	Enter only of S CAUSED B	Υ:	line for 101, 161, o	nd (c)						BETWEEN	MATE INTERVI INSET AND DI	
	HON		ediate the last FICANT COM OCTES	noitions co	5	DEATH BUT		23	101			N GIVEN IN PART 11a		
1	THICATION	19a DATE OF OPERATE	DN	196 CONDI	TION FOR WHICI	H OPERATIO	OPERATION WAS PERFORMED			IN CERT			YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO	
9	CAL CERT	218. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	HOUR A.	M. MONTH D	DAY YEAR	21c. HOW INJUR	Y OCCURR	ED (ENTER NA	TURE OF INJURY IN	A ITEM 18 #	PART I OR PART 2)		
1	MEDICAL	21d INJURY OCCURRE		21e PLACE (OF INJURY SEET FACTORY, OFFICE,	FARM, ETC)	211. LOCATION STREET			CITY OR TOWN		COUNTY	517	
		22a. I certify that (I) saw the deceased above. (T) we (class 22b SIGNATURE	Lolive on	8/22 iew the bady	.19	87 .01	nd that in (OUT DEGREE	NDING	MEDICAL	STAFF	and hav		SIGNED	
1		220 PHYSICIAN'S NAM	AE (TYPE OR PR	INT)	/ / / /		PHYS 22e ADDRESS	SICIAN [DIRECTOR	PHYSICIAI		3attimere	101	
	(URIAL, CREMATION, RI SRECIFY) Burial	EMOVAL	9/29/			n Forest	Vet		rings		SCOUNTY	51	
/84		NERAL DIRECTOR	F/H W		00 Wabas	7			E REC'D. BY R	EGISTRAR 256	REGIST	TRAR'S SIGNATU		

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.



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STATE OF MARYLAND

	- STATE REGISTRAR		o E i Aidin	CERTIF	ICATE OF DEATH	REG. N	0		
TUE	GEASED NAME FIRST	(DAILEU	1	AST	20 DATE OF DEATH	MONTH DA	AY FAR	8: NPM
1.50		A RACE White	MILLY	5. DATE C	of BIRTH	6. AGE TINYEARS LAST BIR	YRS II	FUNDER LYEAR	F UNDER 24 HRS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN M	USA	VHAT COUNTRY?	WIDOWE		Baltimore City o	re Ci	ty	MD.
13	ITY OR TOWN OF DEATH ILT I MDRE ALTERIAL HIS NURSING HOME OF	FRANC	I FACILITY GIVE STREET A	(DDRESS)	MEDICAL CENTER	TYPE OF WORK FOR MOST OF HOUSEWI	OF WORKING LIFE)	IZE KIND O INDUSTRY DOME	
13a. 5	aryland Bal		Baltimo	V	134 INSIDE CITY LIMITS? YES NO 🔯		/ ZIP CODE reenwa	y Roa	21234 d,
	intersname anthony	MIDDLE	Parada		15. MOTHER'S MAIDEN NAM	WE		LAS	t
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	217-26-		Mrs. Joan	G. Dailey		as #	13
M	Conditions, if any, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N (N PART 1:0	0
CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
MEDICAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA LIFE LITHER MOTHEY MEDICAL EXAMINES 21d INJURY OCCURRED	HOUR A.A. P.A. 21e PLACE C	A. MONTH DA	19	21c. HOW INJURY OCCURR		RY IN ITEM TO PAR		STATE
	220 I certify that II) this hospitative is the control of the cont	t view the body o		21		MEDICAL STA DIRECTOR PHYSIC	fedica	22c DATE	SIGNED
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				EMETERY OR CREMATORY A Ven Mem.Pk	23d LOCATION	Mary urnie,	COUNTY	MO.
	uneral director Cully Funera	237	T. pat	tapso Mo	AVE . 9	SEP 29 19	256 REGISTR	AR'S SIGNAT	URE

TO FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENDE

P	-9	STATE REGISTRAR			DEFARIN	CERTIF	ICATE OF DEATH	1	REG. NO	رد	5	5
1		DEASED NAME	FIRST	٨	AIDDLE		ÄST	20 DATE OF		ONTH DAY		26 HOUR
		I	Ruby			Dan	iel	Septe	ember	0, 198	/	М
	3. SEX	Female		4. RACE Black		5. DATE C		6. AGE (INY	6	YRS	UNDER I YEAR	HOURS MIN.
1		RTHPLACE STATE OR F	OREIGN		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	_	recity <u>or</u> timore		FDEATH	MD.
		baltimor	e	Lafaye	ette Squa	re Nu	rsing Home		OCCUPATION A MOST OF V		126 KIND C INDUSTRY	DF BUSINESS OR
2		AL RESIDENCE (# NURSI TATE MD	136 COU		GIVE RESIDENCE BEFORE 130. CITY OR TOW Baltimo	N	134 INSIDECITY LIMITS?	13e STREET /	N. Be	zip code ntalou	ı St.	21216
2	14 FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDLE		(AS	51
/		VAS DECEASED EVER (ES. NO OR UNKNOWN) NO		MED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 217-12-0		17 INFORMANT Garnette Ba	allatt 2	ADDRES:			ive
	CERTIFICATION	Conditions, if any, gave rise to imm couse (o), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAL	nediate g the last.	DUE TO, OI	Coli	INCE OF	NOT RELATED TO THE TE	COL C U	E OR CONDI	20b. IF YES, V	WERE FINDI	NGS USED
2	RTIFIC	as ACCIDENT WAS UNIT	SERIAMIC F	7 216 TIME O	E INTUINE		21c. HOW INJURY OCC	YES	NO	YES		OF DEATH?
1	MEDICAL CE	216. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 216. INJURY OCCURE	CALEXAMINE	ATH HOUR A.	M. MONTH DA	YEAR 19	21f LOCATION	UKKED (ENTER NA			194	
	ME	WHILE NOT WH AT WORK AT WOR	RK .	JAT HOME STR	EET FACTORY, OFFICE, F	ARM ETC)	STREET	,	CITY OR TOWI	Y	COUNTY	STATE
		270. I certify that (I) saw the decease above, (I) (we) (c) 27b. SIGNATURE	ed alive or	1	6. 195	7.0	DEGREE ATTENDING PHYSICIAN	GMEDICAL	STAFF		0	
1		Fran	lll.	ORPRINT)	Addus	nm-	72 ADDRESS	W. Nor	th Au	1.1.	Bullo	. mil
		BURIAL, CREMATION,	REMOVA	23b. DATE 9/9/87	-		Cemetery OR CREMATOR	B	lackst	one	COUNTY	STATE
ı	24. FU	Wm. C. Ma	rch !	F/H 110	1 E. Nort	h Ave		DASELE DE BANK	1987	b. REGISTRA	AR'S SIGNAT	

DHMH - 16 60M 7/B

BP.

(VRA 15, 4)

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYOUNE	
CERTIFICATE OF DEATH	

25576

2	1-	STATE REGISTRAR		C		ICATE OF DEATH	REG. N	0	. 67	
20		DAST NAME FIRST	S /	Q.	L	soviels	20 DATE OF DEATH	9 7	Y YEAR	10:35AM
	3. SEX	BIACK) HAIR	Black		DATE C		6 AGE TINYEARS LAST BIR	YRS	UNDER I YEAR	IF UNDER 24 HRS
1	- 0	N'C,	U.S.	W	/IDOWE	DED DIVORCED DO OTHER INSTITUTION	BALTIMORE CITY C	AC 1	Cit	MD_ SF BUSINESS OR
1	_	laltimore		Secour H		ital	(TYPE OF WORK FOR MOST O	OF WORKING (IFE)	INDUSTRY	
1	130. S	Md.	Y 13:	e residence before ada c. CITY OR TOWN Baltimore		134 INSIDE CITY LIMITS?	13e STREET ADDRESS 1002 N. F		lve.	21217
10	7	THER'S NAME JORNE DANIELS MI	DDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		EVES	it
		/AS DECEASED EVER IN U.S. ARM ES NO OR UNKNOWN) (IF YES GIVE	WAR OR DATES)	12-56-68	79	Gwendolyn Dar	ADDR		n Ave	. 21217
		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate cause (a), storing the underlying cause last.	DUE TO, OR A	A CONSEQUENCE	E OF	dult Resp.	colone or	>y, &	pren	CONTRACTOR OF THE CONTRACTOR O
	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CO				NOT RELATED THE ARM	200 AUTOPSY?	20b. IF YES,	WERE FINDING CAUSES	
	CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	MONTH DAY	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T (OR PART 2)	
	MEDI	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET	INJURY FACTORY OFFICE FARM	ETC)	211 LOCATION STREET	CITY OF TO	IWN	COUNTY	STATE
		22a I certify that (1) (this haspital saw the decreased after on above, (1) we) (did idid in t)	9.17	19 8	V .	nd that in (my) (aur) apinian o	death occurred an the d	ate and hour	and fram the	
		376. SIGNAPURE	11	nn		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c. DATE	3 ST

22e ADDRESS

Garrison Forest

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After

IMPORTANT: If Hem 21 is

24 FUNERAL DIRECTOR Chas.A. Rice FSPA 1300 Eutaw PI.

23b. DATE 9/12/87

230 BURIAL, CREMATION, REMOVAL Burial

Owings Mills 250 DATE REC'D. BY REGISTRAR 256 REGISTRAP'S SHOWN THE SEP 9 1987

W-Baito St. Praits

Md.

(VRA 15, 4)

Gwendolyn Daniels 831 N. Fulton Ave. 2121,

moy be 8 9 9

STATE OF MARYLAND

2557

	REGIST	TRAR		CEKTIFICATE OF	DEAIN	REG. NO).	
SEP 28	DECEASED	NAME FIRST	MIDDIE	LAST	71DI		MONTH DAY YE	AR 25 HOUR
hours ofter death	TYPE OR PRINT	BRADLEY	WILLIAM	DAUGHERTY		SEPTEMBER	16, 1987	8:12 Pm
p is	3 SEX		4. RACE	S. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRT		
5	Mal	9	Caucasion	Soot. 16	1987		YRS.	DATS HOURS MIN.
100		E (STATE OR FOREIGN	THE CITIZEN OF WHAT COUNTRY		N 4	9 BALTIMORE CITY O	R COUNTY OF DEAT	н
856	Mai	reland	U.S.A.	WIDOWED	ONORCED [BALTIMORE	CITY	MD.
200		OWN OF DEATH	1). NAME OF HOSPITAL, NURSI		STITUTION	120 USUAL OCCUPATE		ND OF BUSINESS OR
2	400	IMORE	THE JOHNS HOPE	CINS HOSPITA	L	NIA		NIH
35	130. STATE	413P CON	HTY I I I I I I I I I I I I I I I I I I I	YES T	NOV	13. STREET ADDRESS /	Cavol St	20707
12	ATHER'S	NAME FIRST	MIDDIE LAST	15. MOTHER	S'S MAIDEN HAN	AE MIDDLE	0 1	LAST
1	Day		Daugher	ty K	athy		Kol	perts_
1		EASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	URITY HO. 17 INFORM	TANT	ADDRE	^	- Al
fu	NC			LON	19 Jan	gnerty	Samer	12 LLMONE
		JSE OF DEATH (Enter of	nly ane couse per line for (a), (b), a		a dec)	8670	PROXIMATE INTERVAL
			TE CAUSE 10) Cardios	espiratory	arrest		15	minuter
			DUE TO, OR AS A CONSEQU				5	hours.
		rise to immediate	(16) renal	dusplasia				71000 23 .
		(a), stating the lying cause lost	DUE TO, OR AS A CONSEQU	JENCE OF				
	DART 2	OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELATE	D TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN IN PAI	RT Ivo
7	210. AC	TE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERF	ORMED	20e AUTOPSY?	206. IF YES, WERE FI	
	HIE	4.80				YES NO	YES	NO 🗆
7	00.000	CIDENT WAS UNDERLYING	THE PARTY OF THE P	DAY YEAR 21c. HOW	INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PAR	IT 2)
1	(IF EIT	HER NOTIFY MEDICAL EXAMINE	R) P.M.	19				THE CAP
	TIF EITH	JURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC) 211 LOCAT		CITY OR TO	wn count	TY STATE
	AT WORK			0-11	67	0-16	67	
			oital) amended the deceased from	87 and that in (m	19 8 7	death occurred on the de	nte and hour and tran	the course stated
	ob	ove, (ly we) did (did no	at view the body after death.	DEGREE	устонуты	Sedin occorred on the oc		DATE SIGNED
	220. 31	Elina hall	P G .1.	DEGREE	ATTENDING _	MEDICAL STAF	F	-16-87
7	77d PH	YSICIAN'S NAME (TYPE	ORPRINTI	22e ADDR		DIRECTOR PHYSIC		21205
		Elizabeth	CEngle	Joh	1/00/	cini Hosp		Mahre
_	230 BURIAL, (SPECIFY)	Cremation, removal	0 10 67	NAME OF CEMETERY OF Vestview M	em. But	23d LOCATION QIYOR TOWN	le county	MÅ
34	24 FUNERAL		. 1 Apriliess	, A.	1 250 SE		256 REGISTRAR'S SIC	NATURE
	Denak	dson Fune	val Home P.A.s.	Lauvel N	ICI-	40 80/	Ame Day	or Kondons

DHMH - 16 60M 7/84 (VRA 15, 4)

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and the second with a block of the contract of The state of the s

Item 1 G-639	I	tem 130 perp	hone Holsp	STATE OF MARYLAND	8 / 25	000
7 2 5 3 SEP	BO.	STATE #15 pm pl	13089 DAD	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	5578
ay be oge 3 death	(TYPE	CEASED NAME FIRST CORPRINT) Larry.	James	Ross, Jr.		20 87 199A
oge 4 mo rector. pours ofter o	3. SE	male	black	5. DATE OF BIRTH	6 AGE [IN YEARS LAST BIRTHDAY] YRS.	
death Po		MD	TO CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city or coun	A 11
by the filled with	B	altimore City	MERCY H	OSPITAL	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OF INDUSTRY
filled in hould be	13a. S		TY 13c CITY OR TOW	N 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COI	DE Ave, 2121
ompletely on 2 2 sl examine	0	Larry		Sr. IS MOTHER'S MAIDEN NA	RISUNK AVI	15 LAST
on and co		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	
rtificate physicie emaval. event, th		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), or D BY: E CAUSE (a) Card		failure	BETWEEN ONSET AND DEATH 65 minute
death ce ottending ave carb fran, ar r		Conditions, if ony, which	DUE TO, OR AS A CONSEOU		urity	65 minute
by the cose remo		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU		h	65 minutes
Then plant to burner in lury, o	NO	PART 2 OTHER SIGNIFICANT C	onditions <u>contribu</u> ling to	DEATH BUT NOT RELATED TO THE TERM	nnal disease or condition G	IVEN IN PART 110
ion. to hos been in permit. there prior nows any	CERTIFICATION	NONE		OPERATION WAS PERFORMED	YES NO NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
SICIAN: T ng physici certificate irrial-transi ental Hygi ttem 18 sh		? (a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA! (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	à PART I OR PART 2}
offending offending offen this of the bund Mond Mond Mond Monded on I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM ETC.) 2H LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDIR e hospital or DIRECTOR, A sched for use of Dept of Healt f Hem 21 is mo		220.1 certify that (1) (this haspit sow the deceased alive on	ol) ottended the deceosed from	, 19, ond that in (my) (our) opinion	, todeath accurred on the date and h	, 19, that (I) (we) los our and from the couses stated
7 t + 5 t -		27h SIGNASTORE	med m	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	9/20/87
TO HOSPITAL TO FUNERAL should be def with the Stote		Paul Lon	senice mi	220 ADDRESS Mercy	Housital	
D & D & \$ \$ \$ \$	23a (BURIAL, CREMATION, REMOVAL (SPECIFY) Removal		NAME OF CEMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	uneral director State Anatom	y Board Ba	lto., Md.	PE2 8 1987	STATES IGN APPENDEN

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	dia -))		1	
	REG	NO.				
TE	KNOWN ESTI-	X	MONTH	DAY	YEAR	26 HO
	MATED		9	21	19 87	
			F-25000000000000000000000000000000000000	-	-	-

2	4	TYPE OR	PRINT)	FUOEN	T 0				-				OF OF	E211	MONTH	DA1 16A	ZB HOUR	
RESERVED AS		SEX	-	EUGEN	Total Control of the	-	EE	LACE UNINE		AVIS	Vice de la constante			AATED [9 MONTH	21 19 8		
로요# 모든	-	30.74	200	KACE	5 DATE OF E	DAY	YEAR	6. AGE (IN YE		DER I YR	HOURS	MIN.	PRONOUNC	ED	MONTH	DAY YEA	R 24 HOUR	
ONS HERE		F		В		29	54		RS.				DEAD	- 35	9	21 198	7 1P M	
28 × 2 20 ×	70		HPLACE (ST.	ATE OR	76 CITIZEN			ITRY?	8. MARRI	ED NE	VER MARR	IED V	9. BALTIMO	RE CITY OF	COUNT	Y OF DEATH		
BENEF	1	N	1D		U	.S.A			WIDOW		DIVORO	-41	Balt	imore	Cit	V	MD	
25 S S S S S S S S S S S S S S S S S S S	139	CITY	OR TOWN	OF DEATH	II. NAME O	F HOSPI	TAL, NU	RSING HOMI	E, OR OTH	ER INSTITU	ITION	12a. USI	JAL OCCUPA	TION (TYPE		126 KIND OF	BUSINESS	
ALAHA!	X	Ba	ltimor	0				n St.				FOR	MOST OF WORKIN	G LIFE)		OR INDUS	IRY	
DE NEW YORK		UALR	ESIDENCE (IF IN NURSING HOME C	R OTHER INSTITUT	TION, GIVE	RESIDENCE	BEFORE ADMISSI	ON)							11//1		
2120 AND THE PERSON NAMED IN COLUMN 12120	2	STAT	MD	13b, COUN	TY		BA	LTO.		134 INSIDE O	NO □ 125 COLVIN STREET 21202					21202		
M H-WO	121		ER'S NAME		MIDDLE			LAST		1	ER'S MAIDI		MIDI	DLE		LAST		
AN PAN	1		NRY				DA	VIS	965	JO:	SEPHI	NE				WALKER		
PAC OR	16	YES. N	DECEASED	EVER IN U.S. AR		?		CIAL SECURIT		17 INFOR	MANT		31.45	ADDRESS				
JRS AFTER B. GIVE PA WITH FOR DIVISION			NO				215	-60-45	00	JOSE	PHINE	DAVI	S 6 E.	. READ	STR	EET AP	T 504	
		18	PART I DE	DEATH (Enter on ATH WAS CAUSE	ly one couse p DBY:), and (c).) ic Intox	icatio	n			- 14	1,40		SETWEEN ON	ATE INTERVAL SET AND DEATH	
ON ST 17EM 1 10NG PERMI GIENE, VAL.	- 1			IMMEDIA	E CAUSE (a).					11								
NO WO		110	Candition	s, if any, which		O, OR A	S A CON	NSEQUENCE !	OF									
A A SER		1		to immediate	(b).							263				1000		
3 25 20			lying cous	stating the under-	DUE TO	O, OR A	SACON	SEQUENCE	OF						,	(03)		
A SECTION	50		-y g coo.	C 1031.	(c)											15770		
A MISSESSE		PA	RT 2 OTNER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	T NOT RELA	ITED TO THE TERM	IINAL DISEASI	OR CONDITIO	IN GIVEN IN PA	ART 1 lo .						
8 658558	1 6	5																
L. HE	71	× 19	O. DATE OF	OPERATION	19b. C	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY?				
< OO = S. K. =		19 21								ł						YES X NO		
S CERTIFICATE SH RITING THE WOR RES 3 SHOULD BE E DEPARTMENT C	60	21		CAUSE WAS		ME OF I		-1.// 1	21c HC	OW INJURY	OCCURRE	D (ENTER	NATURE OF INJUR	Y IN ITEM TO PA	ART I OR PAI			
RTIFICATI NG THE VO TO THI SHOULD PARTMEI			NDERLYING	OR G CAUSE OF I		P.M.		DAY YEAR	_	Subjec	t usad	drugs						
CERTIFIC CERTIFIC TING TH DEPARTO DEPARTO PRIOR I		21/	INTERY O	CCUPPED	21e Pi	LACE OF	INJURY	LAT HOME,	21f LO	CATION	c daed	ar og s		-				
DIV REITINGE REPERSON	1	ž W	HILE	NOT WHILE D	4	ET, FACTOR	RY, FARM, E	TC.)		N. CO	luin C	+ 03	ltimore		COL	YIM	STATE	
E, WA		<u> </u>	T WORK	AT WORK		One		-	123	527	14111 2	. 50	rumore	, 110				
VER: TH CATE, V FORWA FOR PA I'ME STA I'ME STA I'ME STA			22a certify	that I took charg	e of the remai	ins descri	bed abo	ive, held on	Autop	sy X.	Inspectio	in L.	Inquiry L	, and	in my ap	inian		
L EXAMINER: E CERTIFICATE OULD BE FORN LA DIRECTOR: H, WITH THE SI		d	leath resulte	d fram Natur	al causes	J. A	ccident	L, Su	icide	, Homi	cide .	Undet	ermined mani	ner [X],				
A WE BERK		Ar	TUAL	Ma	(2				TITLE (S	PECIFY)				D 175	0 0	0.7	
CAL EXAM THE CERTIFIES SHOULD BE SHOULD BE SATH, WITH	-9		GNATURE_	1 /2		50)	A	_	M	.D. Dept	aty Ci	nier	KAL EXAMIN	JER	DATE	D 9-2.	2-87	
NA S A S	4-	EY	AMINER'S	IAME TO	W D.	1	11 5											
TO MEDICAL EXAMINATION OF STANDARD BY SHOULD BE ADDRESS AFTER DEATH, WITH BALTIMORE, MARYL		(T)	PE OR PRIN	T) Ann	M. Di	xon,	M.L)。		ADDRESS_	111 1	Penn	St., E	Balto.	, MD	2120	L	
BATTA	23	BURI.	AL, CREMAT	ION, REMOVAL 2			23c. 1	NAME OF CE	METERY O	RCREMATO	ORY	236 LC	CATION		COUN	ITY	STATE	
7/84 BP 785		100 500	BURI	AL	9/26/8	87	MO	UNT ZI	ON CE	EMETER	RY	LAN	OR TOWN		2001		MD	
5M DHMH - 17	24		ERAL DIRECT									REC'D. BY	REGISTRAR	25 REGIS	TRAR'S S	GNATURE -		
(VR A15 ME (5))		WM.	C. M	ARCH F/H	, INC.	11	01 E	. NORT	H AVE	ENUE	SEP	25	1987	Julia	Davida	on-Randa	TIP,	

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5580

1 -	FOR STATE REGISTRAR			DEPARTA		HEALTH AND MENTA		REG. NO		0	
DE	CEASED NAME	FIRST		WIDDLE		LAST	20	DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
(TAME	E OR PRINT)	MARIE			ממ	VIS	S	EPTEMBER 1	. 1987	7	1:10
3 SE		MARIE	4 RACE			OF BIRTH		AGE LIN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	FEMALE		BLACK		MONT 8			69	YRS	ONTHS DATS	HOURS MIN.
	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8		- 9	BALTIMORE CITY O		OF DEATH	
	MD		U.S.A		WIDOW	D NEVER MARRIE	-	BALTIMOR	F CTTS	V	м
10 C	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTIO		a USUAL OCCUPATION		126 KIND O	OF BUSINESS OF
	BALTIMORE			H FACILITY, GIVE STREET AND GENET		OSDTTAT		TYPE OF WORK FOR MOST OF	WORKING LIFE		10
USU	AL RESIDENCE (IF NUR		OTHER INSTITUTION					IV/A		1 1	/A
13a :	MD	136 COUN	VIY	BALTO.	N	YES NO T		1412 W. SA	ZIP CODE	A STREI	ET 2122
14 F/	ATHER'S NAME			DALIO.	_	15. MOTHER'S MAID		1417 W. SF	INATUG	A SIKE	LI CICI
	FIRST		MIDDLE	TOMPICT N		FIRST		MIDDLE		CLL	
16- 1	JESSIE WAS DECEASED EVER	D IN I I C AD	HED EODCESS	TOMPKIN	-	MARY 17 INFORMANT		ADDRE	22	LH/	AMBERS
	YES NO OR UNKNOWN)		E WAR OR DATES				MOLETA			0.70.55	
	NO	<u> </u>		214-20-	03/2_	19E221E :01	WHKIN	IS 1811 N.	WOLFE		
	IL CAUSE OF DEATH									BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) RESPIRATORY FAILURE SECONDARY TO TERMINAL									-	
	DUE TO OR AS A CONSEQUENCE OF PULMONARY DISEASE										
	Conditions, if any, which (b)										
	couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
	underlying cause last.										
_	PART 2 OTHER SIG	BNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BU	TNOT RELATED TO TH	IE TERMIN	AL DISEASE OR CON	ITION GIVE	N IN PART I	a
Ö	HYPOXE	MIA, V				OLIGURIA					
CERTIFICATION	190 DATE OF OPERATION . 196 CONDITION FO			ITION FOR WHICH	FOR WHICH OPERATION WAS PERFORMED					S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO	
E								YES NO TH			
CE	21a. ACCIDENT WAS UP	_	110110 4		AY YEAR		OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM TO PA	RT I OR PART 2)	
¥	OR CONTRIBUTING		Ain	M.	19						
MEDICAL	21d. INJURY OCCUP		21e PLACE	OF INJURY		21f LOCATION		CITY OR TO	WN	COUNTY	STATE
₹	WHILE NOT W	VHILE ORK	(AT HOME, ST	REET, FACTORY OFFICE, F	FARM ETC)	21KEE1		en octo		200	31.4.12
	220.1 certify that ((this hasp	ital) attended th	e deceased fram_	JULY	79. 19	87	. to SEPTEMB	ER 1.1	9.87	that X (we) la
	saw the decep	sed alive on	SEPTEM	BER 1, 19	87	ind that in (m) (aur) a	pinion dec	oth occurred on the do	te and hour	and from the	causes stated
	22b. SIGNATURE	(did) (did)	() view the bady	after death.		DEGREE				22c DATE	
	ATTENDING MEDICAL STAFF										
1	PHYSICIAN DIRECTOR PHYSICIAN TO										
	MI	716	SHAYB	S M.D		C/O MADS	7/T 7 3/T	GENERAL H	OCD T#1	7.7	
230	BURIAL, CREMATION	PEMOVAL				CEMETERY OR CREMA		123d LOCATION	USPITA	14	
	(SPECIFY) BURI		9/4/8			CALVARY CE		CITY OR TOWN	INDE	COUNTY	MD
24 F	UNERAL DIRECTOR	/ \ _	3/4/0	11	CONT	I2	Sa DATE R			RAR'S SIGNAT	
1,01	ALA AAE	H E \H	. INC.	1101 E.	NUBTH	AVENUE	SED	3 1987	1	videon R	
Risi	T. C. PIANO	11 / 11	9 4110+	TIOI L.	HOLLIL	AAFIAOF	ULI	0 1001 9	man god	Land Var Va	

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event, the medical

itely filled in by the funeral director page 3 2 should be filed within 72 hours ofter death must begothed of drae. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending after the should be detached for use as the buriol-transit permit. Then please riminar action flowers Page with the State Dept. all Health and Mental Hygiene prior to buriol, cremation are remaining the MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other troumatic event, the medical TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital or attending physician.

(VRA 15, 4)

LEROY

067302

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL PYGIENE

2558

200	1.	FOR STATE REGISTRAR	DEPAR		IEALTH AND MENTAL HAYG	IENE REG. NO	, , ,	1	
307 6	V DE	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR	
age 3	{TYPE	OR PRINT)				G=D			
de de	3. SE	MAR'	A RACE	5. DATE O		SEPTEMBER 6. AGE (IN YEARS LAST BIR		6.15 pM	
ofter de	3. SE	•	RACE	MONT			MONTHS DA		
rrs o		F	В	12/	17/1912	74	YRS		
I direct		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH		
72		T. MARY CO.	II S A	WIDOWI		BALTIMOR	E CIMV	MD	
up the	-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			120 USUAL OCCUPATI		D OF BUSINESS OR	
sofficed with	1		(IF NOT IN SUCH FACILITY, GIVE STREET			(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUST	RY	
- Y		LTIMORE	MARYLAND GENER		SPITAL				
d be		STATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFO		1136. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
S S		MD	BALT	0	YES NO	1403 MRV	TLE AVE	21217	
- Je	14. F/	THER'S NAME			15. MOTHER'S MAIDEN NA	ME	IHE AVE.	61611	
-Sold		FIRST	MIDDLE LAST		FIRST	MIDDLE		LAST	
		ALFRED			MA	RY BUTLER			
dica		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	:55		
medic		NO	217 2	0 354	B JOHN HAN	COCK 643	A TABAVE	ירותים אזום	
1 4			only one cause per line for (a), (b), a		o ocur uni	CUCA DAD		ROXIMATE INTERVAL	
event,		PART I. DEATH WAS CAUS	ED BY:				- BC I WE	EN ORSET AISO VENIE	
		IMMEDIA	ATE CAUSE (0) <u>PNEUMONT</u>	A					
g offo			DUE TO, OR AS A CONSEQ	UENCE OF					
al, cremation are ar other traumatic		Conditions, if ony, which	((b)						
ŧ		gove rise to immediate cause (a), stating the	PUE TO OD AS A CONSEQ	UENICE OF					
the		underlying cause lost.	DUE TO, OR AS A CONSEQ	UENCE OF					
			(c)				200000000000000000000000000000000000000		
njury.	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OF CON	DITION GIVEN IN PAK	110	
,c	9		TRUCTIVE PULMONA						
18	18	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN		
3	1 =					YES NO	YES 🗍	NO 🗌	
88	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM TO PART I ORPART	2)	
18		OR CONTRIBUTING CAUSE OF DE	LIGHT A MA MODERNIA	DAY YEAR					
E 4	S	(IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M.	19					
ò	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	EARM STC 1	211 LOCATION	CITY OR TO	WN COUNTY	STATE	
ked	Σ	AT WORK NOT WHILE	(A) NOME STREET, PACTORY, OFFICE	E FARM EIC /					
morked			pital) attended the deceased fram	SEPTE	MBER II. 87	SEPTEMB	ER 27 19 87	that (IX(we) last	
5		220 Certify that a trus has	CEDMEMBED 27 10	07 -	and that is (ma) (our) openion	death assured as the d	ate and how and from		
2 0	sow the deceased alive an <u>SEPTEMBER</u> 27 19 87, and that in (134) (our) opinion death accurred on the date and have and frobove, \$\mathbb{X}\$ (we) (\did) (\mathbb{X} \mathbb{X} \mathbb{Y}) view the body after death.								
Hen		22b. SIGNATUEL			DEGREE			ATE SIGNED	
, =		(hier	Coto mom	M	ATTENDING PHYSICIAN	MEDICAL STA		-27-87	
N I	1	22d PHYSICIAN'S NAME (1)		<u> </u>	22e ADDRESS	J Dillactor C Titror			
PRT/		U				ם המשושים מ	OCDIMAT		
MPORTANT:		Timothy Co	tes, M.D.		c/o MARYLAN	D GENERAL R	OSPIIAL		
H W P		BURIAL, CREMATION, REMOVA	L 23b DATE 23e	NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE	
		BURIAL	10/2/87	BALTO	. NAT. CEM.			STATE	
	24 5	UNERAL DIRECTOR	1 10/2/0/	PALITO		BALTO FREED BY REGISTRAR	25h REGISTRARIS SIGN	NATIUME .	
OM 7/84	14	NAME	ADDRESS		l'SF	PESON 1987	with Divides	n. Kindallo	

DYETT 4600 LIBERTY HEIGHTS

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ental event of the control of the co

4	FOR STATE EGISTRAR		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25582

	40	REGISTRAR			CERTIF	ICATE OF L	EAIN	REC	3. NO.				
		CEASED NAME FIRST		MIDDLE	_	LAST		20. DATE OF DEAT	Н момтн	DAY	YEAR	26 HOUR	
	{ I A PE	ORPRINT) PLAT	T		DA	AVIS			09	05	87	9:40 AM	
	3. SE)	(4 RACE		5. DATE O	OF BIRTH		6. AGE (IN YEARS LA	T BIRTHDAY)	IF UND	ER 1 YEAR	IF UNDER 24 HRS	
		MALE	BLI	ACK	MONTH Q5	DAY OLJ	1923	6	26	MONTHS	DAYS	HOURS MIN.	
1	7a. 81	RTHPLACE (STATE OR FOREIGN	WHAT COUNTRY	2 8			9. BALTIMORE CIT	Y OP COLI		FATH			
		5C	4,5	S.A.	MARRIE	D NEVER	WARRIED	BALTIM		CIT	. ,	MD.	
9		TY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INST	TITUTION	12a. USUAL OCCU				F BUSINESS OR	
1	-0	ALTIMORE	6000	SAMARIT	AN F	tos PIT	AL	Disasi			DUSTRY	Layer	
0	13a. S			13c. CITY OR TO		13d INSIDE C	ITY LIMITS?	13e.STREET ADDRE	SS / ZIP CO	ODE			
1		MARYLAND	39 0134	BALT	MORE	YES 🔀	NO 🗍	5003 IVI			NUE	/21212	
	14. FA	THER'S NAME	MIDDLE	LAST	100	15. MOTHER'S	S MAIDEN NAM	AE MIDD	46		- 1451		
(1	Simmon		Davi	*	A	da	Miloo	16		Qui	ick	
		VAS DECEASED EVER IN U.S. AR		16h SOCIAL SEC		17. INFORMA	INT	AI	DDRESS		0,0,1		
	(4	(IF YES, GIV	E WAR OR DATES)	242-26	-6628	Helen	Davis	5003	IVan	hoe	AU	e.	
		18 CAUSE OF DEATH (Enter or	ly one couse per	r line for (a), (b), o	and (c+)			-		T	APPROXU	MATE INTERVAL	
		PART I. DEATH WAS CAUSE	D 8Y:		HAGEAL SQUAHOUS CO			AMOIAIDAA			BETWEEN CHEST AND DEATH		
		IMMEDIA	TE CAUSE (a)			Odenii	(00)	0,1-0,1	.0.(//		-	713	
	DUE TO, OR AS A CONSEQUENCE OF												
		Conditions, if any, which (b),											
		couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost											
		(, (c)											
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 SEVERE COPD											
	CERTIFICATION	190. DATE OF OPERATION		ITION FOR WHIC	,	NI WAS DEDSO	- DAVED	20g AUTOPSY?	7201 15	VEC WED	E EMIDIN	IGS USED	
A	FICA	190. DATE OF OPERATION	190. COND	TION FOR WHIC	HOPERATIO	N WAS PERFO	KWED		IN CEI			OF DEATH?	
plic	RT		S 15 (11 15)	THIRDY 21. HOW INTRIBY OCCUP				RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
1		210. ACCIDENT WAS UNDERLYING CAUSE OF DE	1 110110 4	M. MONTH I	DAY YEAR	ZIC. HOW IN	JURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM	18 PART 1 OF	R PART 2)		
	ICA	(IF EITHER, NOTIFY MEDICAL EXAMINER		M.	19								
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.)	21f LOCATIO		CITY	ORTOWN	cc	YINUC	STATE	
		MHILE NOT WHILE AT WORK											
		220.1 certify that (4) (this haspital) attended the deceased from 9/2, 19/27, to 9/3, 19/2									1 . 1	that (1) (we) last	
	sow the deceased alive an 19 19 19 19 19 19 19 19 19 19 19 19 19										couses stated		
		22b. SIGNATURE DEGREE								2	221. DATE SIGNED		
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D									7	(0/0)	
		224. PHYSICIAN'S NAME (TYPE C				22e ADDRES	S GOOD	SAMARIT	AN H	119201	ML		
		FADI	BSAT		1861		\$601	LOCH RAVE	N BLVI	2123	9		
		URIAL, CREMATION, REMOVAL	236 DATE	230	NAME OF C	EMETERY OR		23d. LOCATION	N.			(141)	
		BURIAL	9/11/	/87 BI	ENNY C	EMETERY		BENNETT	VILLE	COUN	417	SCSTATE	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

WM. C. MARCH F/H, INC. 1101 E. NORTH AVENUE

SEPO 9 187

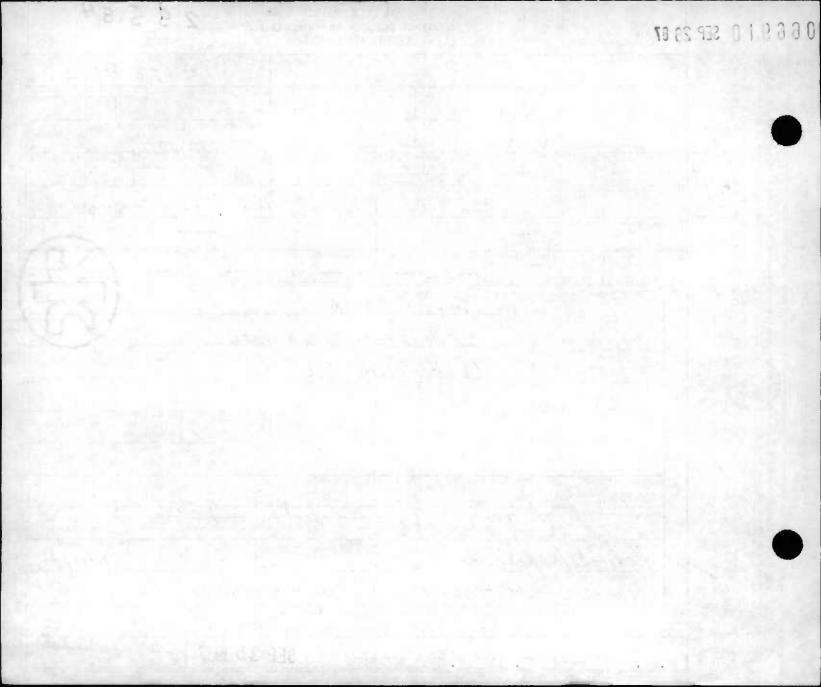
066201 SEP 1367 From Marce 11 - 2 12 1 1 1 1 20 MERCA Tomas of Chinasa margaret 18 13-11-P self on robited rest to read at marrie

066910 SEP 28 8 TATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE **CERTIFICATE OF DEATH**

25584

YEAR 26 HOUR	2
87 41	0
DER LINE AR A SUMMER OF	M
	MIN.
DEATH	
21 VINID OF BUILDING	MD.
	35 OK
N/A	
r 21212	
1 21212	
LAS1	
AVENUE 212	115
BETWEEN ONSET AND D	EATH
N PART Ica	
RE FINDINGS LISED	
CAUSES OF DEATH	
OR PART 2)	
637 035 773	
COUNTY STA	ATE
87	-
that (I) W	chost
d from the couses stat	led
THE DATE SIGNED	
3/22/02	
7/0/11	
7/7/	10
0 2121	0
	D
SIGNATURE	1
	-
	NDER I YEAR IF UNDER IT INDUSTRY NA T 21212 APPROXIMATE INTER: BETWEEN ONSET AND G CAUSES OF DEATH COUNTY SI 212 DATE SIGNED 9/3/F7 212 DATE SIGNED



	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
TRAR	CERTIFICATE OF DEATH

25585

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTA		IE 2	7	82	ì	
295 SEP 1	1.81	PEASED NAME FIRST GRAC	E W.	DA	·	AST		EPTEMBER	15,	1987	5:11	A
of other	3. SE)	female	4. RACE black		S. DATE C	DAY YEA		AGE (IN YEARS LAST BIRTI		FUNDER I VEAR	HOURS M	NA.
I RE		THPLACE (STATE OR FOREIGN OUNTRY) Md	76. CITIZEN OF WHA	AT COUNTRY?	MARRIE WIDOWE			BALTIMORE CITY OF BALTIMOR				MD.
1133	BZ	LTIMORE	THE JOE	INS HOL	KTNS	ROTHER INSTITUTIO	N 13	B. USUAL OCCUPATION WORK FOR MOST OF Retired		125. KIND O INDUSTRY C &	p Tele	
35	USUZ IJe S	IL RESIDENCE (IF NURSINO HOME TATE Md 136 CO		Baltimo		134. INSIDE CITY LIMI YES XXX NO		STREET ADDRESS /		Avenue	2121	6_
1300		THER'S NAME John		aters		15. MOTHER'S MAID! Filest Margar		MIDDLE E.		Wils	17	
Lil I		No	OIVE WAR OR DATES) 22	0-01-41	82	Peggy Fra	nze	3322 Pi				
THE		18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU IMMED	only one cause per line SED BY: (ATE CAUSE (a)	rdiapu	Imai	nary arm	rot			BRTWEEN		TH_
thus the double of the standard of commence and of commence, or other terminal or ot		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS (b) DUE TO, OR AS	A CONSEQUE		^		monia dication				
The special of the sp	TION	Matadati	c Quaria	n Ca			E TERMINA				5	
1112	RTBRCA	8-19-87	PEline	Maac	DI	Ovavian	Co-	YES NO	IN CERTIFY YES	-	OF DEATH?	
C in the	CAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF BITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.M.	MONTH NI	A YEAR	NA	CCURRED	SHITER WATURE OF INJUR	Y IN ITEM TE PA	RT TORPARTS)		
offeed of the fact	MED	THE INJURY OCCURRED WHILE DOT WHILE DAT WORK	21e. PLACE OF I (AT HOME: STREET, I	NJURY FACTORY, OFFICE, F	ARM, ETC (211 LOCATION STREET		CITY OF TOV	VN	COUNTY	STATE	
ATTENDI appired or CTOB. A 6 for our 1. of Heal n 21 is m		22n.1 certify that [1] (this has saw the deceased alive above, (1) (we) (did) did				nd that ((my) our) o	pinion dea	th occurred on the da	te and hour	and from the		
PITAL OR by the by HEAL DIE Score Day ANT: # has		1716. SIGNATURE TVOL	naine O	do,	W	DEGREE ATTEND PHYSIC	ING D	MEDICAL STAF	IAN X	9-1	S-87	
O PENN PO PENN		Frouncin	E A. Old 5	o, mo		(DON.W	offe &	t Johns	Hopkir	is Hosp	Balt 1	am
BP		urial, cremation, remov specify) Burial	9/18/8			Memorial		234 LOCATION CITY OF TOWN		COUNTY	MD	
DHMH - 16 60M 7/84 (VRA 15, 4)		ineral director n. "C". March F/	H West 430	o Wabas	h Ave	nue	SEP"	18 BS	Julia 1	MI 3 SIGNAT	Pendale	



STATE OF MARYLAND

25586

64871 SEP-	67 FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLANI LEALTH AND MEI ICATE OF DEA	NTAL HYGIE	2 5 REG. NO	5 8	6	
	I. DECEASED NAME	FIRS1	A	NIDDLE		AST	2	DATE OF DEATH	ONTH DAY	YEAR 2b	HOUR
1 70	(TITE OKTAIN)	John	Jo	seph	De	cecilio		September	02	87	М
6 g y	1 SEX		4 RACE		5. DATE (6.	AGE IN YEARS LAST BIRTH	DAY] IF UN		UNDER 24 HRS
a de de	Male		Blac	k	9	9	15	71	YRS.		MIN.
1 1 50	a BIRTHPLACE (ST.		76. CITIZEN OF	WHAT COUNTRY	? 8. MARRIE	DE NEVER MAI	RRIED 9	BALTIMORE CITY OR		DEATH	
1100	N	IASS	U.S.		WIDOWE	DIVO	RCED 🗌	BALTIMORE			MD.
Sold of the second	Glen Berr	nie	341 W	ELLHAM A	AVENUE	OR OTHER INSTITU		2a USUAL OCCUPATIO TYPE OF WORK FOR MOST OF Retired	WORKING LIFE)	th KIND OF BUNDUSTRY	
AND 212	USUAL RESIDENCE (130. STATE MD	IF NURSING HOME (134 CITY OR TO BALTO	WN	136 INSIDE CITY YES 🚰 N	LIMITS?	36 STREET ADDRESS	ZIP CODE M AVENU	E 2106	1
MARYL ed within ond 2 sh	FATHER'S NAME FIRST		WIDDLE	(AST	EILIO	VIRGIN		MIDDLE		AŔÂU.	JO
MORE,	160 WAS DECEASED	EVER IN U.S. A	THE MAR OR DATES	166 SOCIAL SEC 111-09-8	URITY NO.	17 INFORMANT		ADDRES		AVE 21	061
T., BAIT niticate b physics nappers moval went, the	18 CAUSE OF PART I. DEA	TH WAS CAUS	only one cause per SED BY ATE CAUSE (a)	line for 101, (b), o		dor lu	rent			BETWEEN ONSE	
or w. PRESTON That the death or By By Chip	Conditions, it gave rise to couse (o), underlying	stating the	(b) DUE TO, OF	R AS A CONSEO	UENCE OF	legtu		diseas			
AL RECORDS, 7 The law requires on a box been supplement. Then plane to but lower to but lower any selection.	PART 2 OTHER	stage	Mancel (TION FOR WHICH	onch	NOT RELATED TO	mode	ALDISEASE OR COND 20 OAUTOPSY? YES NO P	206. IF YES, WE IN CERTIFYING YES	RE FINDINGS G CAUSES OF	USED DEATH?
SICIAN. OF PHYSIC Contilicat modifican modifican modifican	OR CONTRIBUTION	G CAUSE OF D	SEATH HOUR A./	M. MONTH	A YEAR	11		D. TENNIS NATURE OF PHINT	THE PERMIT PARTS	ORFART 31	
DIVISION OF orthonory partition on the barrials th and Menta	(IF EITHER NOTIL	OCURRED	ZTE PLACE (AT INSTURY OF T	Jaam HC 1	ZII LOCATION		City Of 10W	N.	COUNTY	sione:
ATTENDI control or CTOR: A Hor use of Heal	saw, the d	eceased alive a	pitol) attended the	1 19	()	nd that in (my) (au	ur) apinion de	_, to ath accurred on the dat	e and hour and		(l) (we) last ses stated
AL DRE AL DRE MODE Dept of the Sept of the	226. SIGNATUI	12.	Shab	ano	mo	PHY	ENDING &	MEDICAL STAFF		9/3/6	PT T
O HOSPITAL trained by the To FUNERAL thruld be definith the Street WPORTANT	22d. PHYSICIAN	SHIF	BA	25 m	10	The ADDRESS	31 6	ut Chie H	Bhya	Jay ,	21061
21-215	230 BURIAL, CREMA	HON, REMOVA		230	NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION	(0	undi	STATE
BP	CREMATIC		9/5/87	G	REENMO	UNT CEME		BALTIMOR	E		MD
DHMH - 16 60M 7/84 (VRA 15, 4)	WM. C. MA		H, INC.	1101 E.	_NORTH	AVE	SE.F	PRECID. BY REGISTRAR 2	Sh. REGISTRAR	S SIGNATURE	indallo

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Star. page 3 safter death

injury, or other troumptic event,

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending by should be detached for use as the certification permit. Then please remove carbonic with the State Dept. of Health and Mertial Higiene prior to burial, cremation, or remaining the State Dept. of Health and Mertial Higiene prior to burial, cremation, or remaining IMPORTANT: If them 21 is marked as them 18 byogs any injury, or other troumatic eve

	STATE OF MARYLAI
	DEPARTMENT OF HEALTH AND M
TE .	CERTIFICATE OF DI

Lee A. Patterson & Son, Perryville, Maryland

5 8 7 5 2

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE OCT - 1 1987 Julia Decider Reads

OCT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTOL CERTIFICATE OF DEATH	HYGIENE
LAST	20. DATE

FOR STATE			OF HEALTH AN	ID MENTAL HYC	IENE 2 3	٦	0 /	
REGISTRAR DECEASED NAME FIRST		MIDDLE	LAST		REG. NO		DAY YEAR	126 HOUR P
(TYPE OR PRINT)		П					_	
MAF			DELANCEY		SEPTEMBE.		1987	7:00 M
3. SEX	4. RACE		ATE OF BIRTH	Y YEAR	6 AGE (IN YEARS LAST BIRTH	HDAYI	MUNTHS DAYS	IF UNDER 24 HRS
Female	Whit		June 1	1933	54	YRS.		
TO BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8.	ARRIED XXNEV	ER MARRIED T	9 BALTIMORE CITY OF	COUNT	Y OF DEATH	
Maryland	U.S.	^	OWED	DIVORCED	BALTIMORE	CITY	Z	MD.
BALTIMORE	(JE NOT IN SUC	HOSPITAL, NURSING HOHESOHNS HOPKING	(5)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWILL)	WORKING L		OF BUSINESS OR
	ME OR OTHER INSTITUTION. OUNTY C11	GIVE RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN PortDeposit	13d INSID	E CITY LIMITS?	13e STREET ADDRESS / 5 Cedar Dr.	ZIP COD	e oodlawn	Est 2190
Leonard	MIDDLE F	Barrow		er's maiden na/			Hickm	st
160 WAS DECEASED EVER IN U.S	S. ARMED FORCES?	16b. SOCIAL SECURITY I			ADDRES	SS	HILORIII	1411
[YES, NO OR UNKNOWN]	ES, GIVE WAR OR DATES)	215-30-694	4 Davi	d DeLance	ey Port I	epos	it, Md.	21904
Canditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last	th (b) (b) DUE TO, O	R AS A CONSEQUENCE	CA	RCINO	mA		two	nths
PART 2 OTHER SIGNIFICA	ANT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	INAL DISEASE OR COND	OITION GI	VEN IN PART 1	0.
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN	196 COND	ITION FOR WHICH OPER	ATION WAS PE	RFORMED	200 AUTOPSY?	IN CERT	S, WERE FINDII IFYING CAUSES ES	
	OF DEATH HOUR A.	F INJURY M. MONTH DAY Y M.	ZIc. HOV	V INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)	
OR CONTRIBUTING CAUSE OF THE EITHER, NOTHER MEDICAL EXAMINE MILE NOT WHILE LAT WORK AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FARM, ET	211. LOC/ 51	ATION REET	CITY OR TOV	vn /	COUNTY	STATE
270.1 certify that (I) (this saw the deceased all above, (I) I will distribute the control of th	m on 9/23/8	19		my) (our) opinian o	to 9/23 deoth accurred on the do	te ond ho	ur ond from the	1
Jude	lan		DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		9/2	23/87
MELEC	6	POBERT	1/he	Johns H	epkns Hos	nite	1'	
230. BURIAL, CREMATION, REMO (SPECIFY) Burial				orcrematory ngham Cei	n. Colora	Cec	:i1ººº™Mar	'yland'



DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

67242 SEP 30 87 FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIÈNE CERTIFICATE OF DEATH

25588

01						REG. NO.			
	CEASED NAME FIRST MICHA	ET.		DELAUTE		20 DATE OF DEATH M SEPTEMBE		1987	26 HOUR 5:50
1 SE		Pa Pa		ATE OF BIRTH		6. AGE (IN YEARS LAST BIRTH	,	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White		lov. 20,		21	VBC	9 27	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Aryland	76. CITIZEN OF WI	HAT COUNTRY?	RRIED NEVER		9 BALTIMORE CITY OR BALTIMOI			N
5	BALTIMORE	oce "ART"	HNS HOPKING	S HOSPITA		170 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Y Farmer			F BUSINESS O
Ma		NTY 1	Mt. Airy	13d. INSIDE C	NO K	7641 Doll	zip code yhyd	e Rd.	2177
)"	Paul	MIDDLE W	Delaute	er Je	anne	MIDDLE E		P)	lank
	WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) NO (IF YES, G	VE WAR OR DATEST	21 2 - 84 - 41			lauter, S			13
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly one couse per lir ED BY: .TE C AUSE (a)	Asystole						mate interval onset and death only tes
	Conditions, if ony, which gave rise to immediate	(b)		Lynamic	Inst	aboutity'		2	Day 5
	cause (a), stoting the underlying cause last.	DUE TO, OR A	Filminati	1/	etic	Heortitis		3	days
NOI	PART 2 OTHER SIGNIFICANT	1 -	HYPOCA		TO THE TERMI	NAL DISEASE OR CONDI	TION GIV	EN IN PART To	
FICAT	190 DATE OF OPERATION		ON FOR WHICH OPER					S, WERE FINDIN YING CAUSES S	
CAL CERT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	AIR	MONTH DAY Y		JURY OCCURRE	ED (ENTER NATURE OF INJURY	IN ITEM 18 P	PART I OR FART 2)	
MEDIC	71d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF	INJURY I, FACTORY, OFFICE, FARM, ET	21f LOCATIC STREET	N	CATY OR TOWN	7	COUNTY	STATE
	27a I certify that (I) (this hasp sow the deceased alive a obove, (I) (we) (did) (did n	1	19	. ond that in (my)	, 19 07 (our) opinion di	eoth occurred on the date	e ond hou		that (I) (we) la causes stated
	27b. SIGNATURE	· a ma	en a		TTENDING PHYSICIAN []	MEDICAL STAFF DIRECTOR PHYSICIA		220 DATE	SIGNED 17/87
				_					
	22d. PHYSICIAN'S NAME (TYPE	OR PRINTS	NO	WOLSE	s Jot	WS HOPKINS BALTO	THE O	MD	21205

DHMH - 16 60M 7/84 (VRA 15, 4)

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		att-to			
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The same of the sa	.cotuel	Paul W. De	5711-118		
Manager 19		9407		2001-02-6	Burtol

Charles d. Burrier, Jr., Phasville, Me. 4 181 | A 181 | Abd. Andrews

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE CERTIFICATE OF DEATH

		REGISTRAR					REG. N	0.		
		EASED NAME FIRST	MIDDLE	Vel	batch	,	2a DATE OF DEATH	9-14-	87	1:50 PM
3.	SEX	Female	4 RACE Black	S DATE C	F BIRTH	25	6 AGE (IN YEARS LAST BIR	THDAY] IF L	INDER TYEAR	HOURS MIN.
70		THPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY?	E arren		9 BALTIMORE CITY O		DEATH	
	C	Da Va	USA	WIDOWE	NEVER M	ORCED	Baltin	ore (citer	MD
11	13"	eltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST LIDERTY ME	REET ADDRESS!	PENTER INST	ITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	ON	126. KIND C INDUSTRY	F BUSINESS OR
	30 S1	RESIDENCE (IF NURSING HOME O	NTY I3C CITY OR T		13d INSIDE CI	TY LIMITS?	130 STREET ADDRESS	ZIP CODE	ter :	H 212
0	Ŕ	HER'S NAME FIRST	MIDDLE Washi	aton	15 MOTHER'S	MAIDEN NAA		Hu	tchir	51 150m
16		AS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMAL	NT .	ADDRE	-1		1 .01
	,,,	NO	213-2	04937	Mary	Howa	rd 621	3 Edg	0000	MATE INTERVAL ONSET AND DEATH
THE STREET		PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE		u I	Maza	twn			
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING				200 AUTOPSY2	20b. IF YES, W	ERE FINDI	
1.00	_	PIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21¢ HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM TO PART	1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF		211 LOCATIC STREET	N O O	CITY OR TO	WN	COUNTY	STATE
			of) view the body ofter death.	6	nd that in (my)	, 19 8 (our) opinion (to 1779	ote and hour ar		that (I) (we) lost couses stated
		226. SIGNATURE	one			TTENDING PHYSICIAN [MEDICAL STA	FF CIAN D	9-1	SIGNED
7		22d PHYSICIAN'S NAME (TYPE	DUONG		LI /SC	RTY	MEDICAL	CENT	FER	
2:		URIAL, CREMATION, REMOVA Burial	236 DATE 9/19/87	Garris	emetery or con fore		23d LOCATION CITY OR TOWN OWINGS	Mills	OUNTY	STATE
7/84	FU/	ARCH FIH	1300 WALASPRE	AVE		25# DAT	EP 1 7 1987			Parlace

066124 SEP

FOR STATE

GISTRAR

DECEASED NAME
(1YPE OR PRINT)

FIRST

Dennis

Lovelist

STATE OF MARYLAND

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEAT

PEG NO	- 1		
	YEAR DAY YEAR	26 HOL	ir Dar
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER : YEAR	IF UNDER	21 HRS
52 YRS.	MONTHS DATS	HOURS	A\1\1.
9 BALTIMORE CITY OR COUNTY	OF DEATH		
BAltimore City			M
120 USUAL OCCUPATION		FBUSINE	ESS OF
	REG NO. 20. DATE OF PEATH MONTH 6 AGE (INVARSLAST BIRTHDAY) 52 YRS. 9 BALTIMORE CITY OR COUNTY BALTIMORE CITY OF COUNTY 120 USUAL OCCUPATION (179E OF WORK FOR MOS) OF WORKING LIFT	REG NO. 20. DATE OF PEATH MONTH DAY YEAR 6 AGE (INVEASLAST BIRTHDAY) IF SINDER YEAR WONTHS DAYS 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY ON COUNTY OF DEATH IZE (IND O TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 25 HOLE AGE (INVARS LAST BIRTHDAY) IF BINDER YEAR IF UNDER YRS. 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY OR COUNTY OF DEATH 120 USUAL OCCUPATION 125 KIND OF BUSINI (TYPE OF WORK FOR MOS) OF WORKING LIFE) INDUSTRY

To BIRTHPLACE STATE OR FOREIGN To CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED P BALTIMORE CITY OR COUNTY	MD 126 KIND OF BUSINESS OR
MARRIED NEVER MARRIED MARRIED NEVER MARRIED BAltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IJF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BAltimore Union Memorial Hospital Union Memorial Hospital Union Memorial Hospital Walnach Home 13b STATE 13b COUNTY 13b COUNTY 13c STREET ADDRESS / ZIP CODE 14 FATHER'S NAME MIDDLE MIDLE MIDDLE MIDLE	MD 176 KIND OF BUSINESS OR INDUSTRY
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IP NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BAltimore Union Memorial Hospital Usual RESIDENCE (IP NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADDRESS) 113b STATE 113b COUNTY 113b COUNTY 113c STREET ADDRESS / ZIP CODE 114 FATHER'S NAME ADDLE ADDLE MIDDLE MIDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDLE MIDLE MIDLE MIDLE MIDLE	126 KIND OF BUSINESS OR INDUSTRY
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2303143 3000131 1400 0014	7 1 1 2 AST
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	ARPO
(YES NOORLINKNOWN) [IF YES GIVE WAR OR DATES] 251-52-4707 HAZEL F. LOVELIST 521	Willow Ave
18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) CADIOVILLIMENT GIVEST	minutes
	10 1
DUE TO, OR AS A CONSEQUENCE OF	-6 months
Conditions, if any, which gave rise to immediate (b) metastatic Lung and Cancer Ca	4005
couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost	
(c)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV.	VEN IN PART TIO
0	
	S, WERE FINDINGS USED
VES NO VES	FYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 P.	
HOUR AM MONTH DAY YEAR	, An
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
White I would like I	
AI WORK	19. 87 , that 11 (we) last
5 10 52 5. 10	
22a I certify that (I) (this haspital) attended the deceased from Sept 10 19 17 to Sept 10 sow the deceased alive an Sept 10 19 19 19 19 19 19 19 19 19 19 19 19 19	
270 certify that (I) (this haspital) attended the deceased from Sept 10 19 57 to Sept 10	

22e ADDRESS Im no

Union Nemoral Hospital

Baltond 21218

224 PHYSICIAN'S NAME (TYPE OFFENT)

250 DATE REC'D BY REGISTRAN 250 REGISTRAN'S SIGNATURE
SEP 1 7 1987 Alia Dender Randelle

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNER. MPORTANT

12 PEPLE BILL N-ALD 11/4 ALD 1 Taylor and wall to the last the same and the same Ethilitis Little Alice Little Little SHOW IN THE THE THE PARTY OF THE STRUCTURE OF THE OF MI -- JANES HAVE A STANDARD VICE STOP JANESE

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000 11.	FOR	DEPARTMENT	OF HEALTH AND MENTAL	MYGIENE 2 5 5	91
SEP 4 8	LGISTRAR	MEDICAL EXAM	VINER'S CERTIFICATE	OF DEATH REG. N	40.
	CEASED NAME FIRST	WIDD/E	LAST	20. DATE KNOWN	
E E	ELIZA		DERRICKS	DEATH MATED	□ 9 8 19 87 M
Z 3 SEX	A RACE	MONTH DAY YEAR LAST B	IRTHDAY) MONTHS DAYS HOURS	R 24 HRS 21 DATE PRONOUNCED DEAD	9 8 19 87 5:17 9 8 19 87
56 FC	RTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MAR	RIED 🔲	OR COUNTY OF DEATH
The second second	ITY OR TOWN OF DEATH	M & R 11 NAME OF HOSPITAL, NURSING H		CED Baltimore	
VV.	Baltimore	(15 NOT IN SUCH FACILITY, GIVE STREET ADDR 2005 Forest Heio	ESS)	FOR MOST OF WORKING LIFE)	OR INDUSTRY
	AL RESIDENCE (IF IN NURSING HOME OF TATE 136. COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD	MISSION)	13e STREET ADDRESS	
H.F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAII		HOHTS IN LIEDY
	CONERICK GO.	RNER	TERESA		LP-31
160 V	MAS DECEASED EVER IN U.S. ARA	ED FORCES? 16b. SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRES	
	in	215:32 - 2	809 BARBER	a WonGus 381	2 6 wand Day on
A CERTIFICATION	cause (a) stating the under- lying cause lost. PART 7 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE		ART 1 to	70, AUTOPSY?
RIFFIC					abdomen only
100	710 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		YEAR	ED LENTER NATURE OF INJURY IN ITEM 11	8 PART 1 OR PART 2)
MEDICAL	714 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	71e PLACE OF INJURY (AT HOA STREET, FACTORY, FARM, ETC.)		CITY OR TOWN	COUNTY STATE
730.8	death resulted from. Nature	of the remains described above, held of causes . Accident . Accident . M. Dixon, M.D.	Suicide , Homicide TITLE (SPECIFY) M.D. Deputy	on	DATE 9-8-87 SIGNED 21201
730.B	URIAL, CREMATION, REMOVAL 23	DATE 73c. NAME OF	CEMETERY OR CREMATORY	73d. LOCATION	COUNTY STATE
20	enias 1	12 12 87 NOW	CATHEBRAG	BAGTIMER	8, MD 21229
14 F	UNERAL DIRECTOR	1 4 2008ESS PT 1	SE SE		GISTRAR'S SIGNATURE

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FOR - STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

0.0 007		NO.												
וווע ען ער –	GI	CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	26 HOUR /2/30							
y be	/	Vincent		DeSantis, Sr			987 P M							
E 0 5 17	3. SE)	(4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST E	BIRTHDAY) IF UNDER	DAYS HOURS MIN.							
ge 4]	Male	Caucasian	July 2, 19	11 76	YRS								
Poge hours		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIEL	9 BALTIMORE CITY	OR COUNTY OF DE	OR COUNTY OF DEATH							
death death		ristol, Pa.	U.S.A.	WIDOWED A DIVORCED	Bal Bal	timore C:	ity MD.							
d with		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)										
to be		altimore	Francis Scot	5										
filled in sould be most be	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUNTY 136 CO	S/ZIP CODE 21224 Highland Ave.											
tely 2 sho	I4 FA	THER'S NAME		15 MOTHER'S MAIDE	ENNAME									
and war		Frank	DeSantis,	Sr Many	WIDDLE	C-11-	LAST							
core con		AS DECEASED EVER IN U.S. AR			ADD	Gallo 2	1224							
be execution and control of the second contr			216-05-	-4161 Frank De	eSantis, 31									
ore by siche by siche by val.		18 CAUSE OF DEATH IEnter on	lly one cause per line for (a), (b), or	ndje. / / / / L		8/	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH							
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the the er tr		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF 1 1										
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The right	ő													
ow ching prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	20a AUTOPSY?	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?								
in bo	TIF				YES - 40	YES 🗌	NO 🗌							
ohysic ohysic trans ol Hyg	_	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216 TIME OF INJURY HOUR A.M. MONTH D	PAY YEAR 216 HOW INJURY O	OCCURRED (ENTER NATURE OF IN	JURY IN ITEM TB PART T OR I	PART 2)							
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or the orke	_	AT WORK AT WORK			A		1							
S a de la se		220 1 certify that (1) (this hospi	attended the deceased from.	9/87 and that in (our) of	80 to Sept	MIREA 19	that (I) we lost							
Spire Spire CTO J for of n 21		abave, (1) (we) (did) (did no	view the body after death.	ond that in (my) (our) of	pinion death occurred an the	date and have and to	om the causes stated							
OR ho		226. SIGNATURE	01/	DEGREE ATTEND	INCO A MEDICAL ST	AFF 220	DAJE SIGNED							
AL HAL Deto		11 Ctou	a 4 vanu		MEDICAL ST	ICIAN [1/30/82							
HOSPITAL FUNERAL wild be det h the Stote ORTANT:		22d PHYSICIAN'S NAME (TYPE C		22e ADDRESS	7 6	1 7 //	/ /							
		VICTORI	A A. VANIK	3411	DANK ST	1. Balts	nd,							
0 a 0 4 3 M	23a 8	SURIAL, CREMATION, REMOVAL	236 DATE 236	NAME OF CEMETERY OR CREMAT	TORY 23d LOCATION	470	TY STATE							
BP	j	Burial	10/2/87 He	oly Redeemer		ore. Mar	1111111							
DHMH - 16 60M 7/84	24. FL	UNERAL DIRECTOR		27224	So DATE REC'D. BY REGISTRA	DIRECTOR DECLES	COLLEGE							
(VRA 15, 4)	J	oseph N. Zani	nino, 263 S.	Conkling St.	SEP 30 1987	Julia Danie	der Kandall							

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN The beneguing thoushedown withhouse be executed within 24 fours after death. Page 4 may be recoined by the hospital or offending julys CC	10 FUNERAL DIRECTOR. After this cert frost has been lighed by properties and completely Light in by the lighest director, page 3 should be detached for use as the buriol transformed from the property of the complete from the property of the complete from within 72 hours after death and the complete from the property of the complete from the	MPORTANT: If her 21 is morked or then 18 share on minns or other transmittee earth to medical accounts a calculation of

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	di	FOR STATE REGISTRAR Trene	H. Di A			EALTH AND MENTAL HYG	IENE	6 3	4.0	a de la composition della comp			
		CEASED NAME FIRST		ILOUITO		AST	20 DATE OF	REG. NO.	NIH D	AY YEAR	2b HOUR		
		DRPRINI	14.	Ţ.)ian	tonio	ZW DAIL OI	9	0		2 55 AN		
	3. SEX	(4 RACE		S. DATE C	3 1 3 / 20 YEAR	6. AGE INYE	ARS LAST BIRTHD		FUNDER I YEA			
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2		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8 AAADDIE	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH						
1		MD.	U.S	- A .	WIDOWE		BALTIMORE CITY MI						
1		BALTIMORE	(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS]	OSPITAL	TYPE OF WORK	CCUPATION FOR MOST OF W MAKER	ORKING LIFE		OF BUSINESS OR		
7	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUNTY)	JY T	FALLSTO	N	130 INSIDE CITY LIMITS?	134 STREET A	DDRESS / Z WESTB		RD.	21047		
2	14. EA	THER'S NAME CHESLAW	MIDDLE	KAZMIEF	ROWSK	15. MOTHER'S MAIDEN NAM		MIDDLE		sus	КA		
		AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			021/5		
2	NO	ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	220-03-	8343	VINCENT Di	ANTON	IO (H	USBA		SAME ADDRESS		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (a)	ardio	Pala	eunary arre	-2/			BETWEE	Ximate interval N Onset and Death		
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	2_(d)	AS A CONSEQUE	1,0	Cancer of Ce) Bre	ast	5				
	NO	PART 2 OTHER SIGNIFICANT	ONDITIONS <u>CO</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDIT	ION GIVE	N IN PART	Io		
1	CERTIFICATION	19a DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	PSY? 21	DE IF YES, N CERTIFY YES	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO NO			
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	16	MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTERNAT	URE OF INJURY IN	I ITEM 18 PAR	PI I OR PART ?)			
	MEDICAL	21d INJURY OCCURRED WHILE OF NOT WHILE OF AT WORK	21e PLACE O	F INJURY ET, FACTORY, OFFICE, FA	ARM ETC)	21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE		
		220.1 certify that (1) (this hospi saw the deceased alive on abave, (1) (we)		1 0	87, or	A 2 1 , 19 Q 1 and that in (my) (our) apinion of	death occurred	on the date	ond hour	and from th	, that (I) (we) last e causes stated		
		22b SIGNATURE	h	No.		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR (STAFF PHYSICIAN	12	221 DAT	8 87		
/		MECKON HA	JINAZI	ARIAN	his	Crosd Sem	mar to	- 1	1051	:19			
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCA	TION	E	COUNTY	Mt)"		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

FUNER SCHIMUNEK FUNERAL HOME, INC. 9705 Belair Rd., Balto. Md. 21236

250. DATE RECT. BY REGISTRANS B. REGISTRANS SIGNATURE DISTRICT CONTROL OF CON

671	60 5	EP 3	d 8	REGISTRARIJ	2.7 / 2.2.200	0002, 40	DEFARIT		ICATE OF DEATH		G. NO.	3		
		1		CEASED NAME	FIRST	100	MIDDLE	1	AST	20 DATE OF DEA	H MONTH	DAY YEAR	26 HOUR	
90	900				Betty.	, Jan	е	Dic	kens	76016	when 2	3.1987	13 AM	
- 2	2. 3	- 1	3.5E)	Female		4. RACE	i + 0	S. DATE C		6 AGE IN YEARS LA		WUNDER I YEAR	IF UNDER 24 FRS	
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	25 0	1	7a B1	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D W NEVER MARRIED	P. BASTIMORE CI	0.18=7.			
100	10	1	We	st Virgi		USA		WIDOWE	D DNORCED	Baltir	more Cit	У	MD	
-	130	21	10. CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCU			OF BUSINESS OR	
2	5E]	24		altimore	\$	Bon Sed	cour Hosp	ital		Homemaker Own Home				
24 hou	filled in ould be	36	13a S	TATE aryland	136 COUP	VTY	13c. CITY OR TOW Reisterst	N	13d INSIDE CITY LIMITS? YES NO 🛭	130.STREET ADDRESS / ZIP CODE 11907 Tarragon Road Apt C 211				
1	10/	1	INFA	THER'S NAME		WIDDIE	TAST		IS MOTHER'S MAIDEN N				61	
7	11/	00)	George		C.	Harris	5	Nellie			Zor	nbro	
90,00	o pu	4		VAS DECEASED E		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT (Hus	handl A	DDRESS			
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sources, that the death.	n signed by the ordered Then please remove co no bursel, crematica	A Commence of the Commence of	NON	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.a. SND \$7465. NEWAL DISEASE										
and an	her ber	2	THICAT	90 DATE OF OP	ERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDI YING CAUSE S	NGS USED S OF DEATH?	
E 7	yalon sala type	1	CER	210 ACCIDENT WA	-		OF INJURY		21c. HOW INJURY OCCU					
20	4 111	4	3	OR CONTRIBUTING	MEDICAL EXAMINE	-1111	a.m. month d. P.m.	AY YEAR						
į	S Me	/	EDIC	21d. INJURY OC		21e PLACE	OF INJURY		211 LOCATION	CITY	OR TOWN	COUNTY	STATE	
0	# E# 5 3	1	Σ	AT WORK	T WHILE	(AT HOME, S	TREET, FACTORY OFFICE, F	ARM, ETC]	JIREE!		0		31	
	CTOR At For use of Health	200		220.1 certify that (1) (this hospital) oftended the deceosed from 177. 1981. to 9/3. 1997. that (1) (we) last sow the deceosed alive on 1997. and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove, (1) (we) (did) (did nat) view the body after death.										
TAI OR	y the ho RAL DIFE detuched outs Dept			226. SIGNATURE	e1 V. 1	mond	leli, mo		DEGREE ATTENDING PHYSICIAN		STAFF IYSICIAN (22c DATE	SIGNED 7	
D MCSSPI	O FUNE hould be	1		JAU	SNAME (TYPE OF	WOLH 3	ELI, P		30N SECO	NON HOOP	ITAZ , 6	रेमार मरे.	Md21123	
F	5 -31		23o 8	SURIAL, CREMATH	ON, REMOVAL	236 DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				

FOR Item 17. Film G632. 10-8-97 DEPARTMENT OF

DHMH - 16 60M 7/84 (VRA 15, 4)

Cremation

Singleton Funeral

Home

24 FUNERAL DIRECTOR

Glen Burnie.

Security Process, Inc.

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
SEP 2 9 1987 Julia Bridge Randon

CITY OR TOWN

Catonsville

COUNTY Balto. Maryland

Para Locality and American places are a design of American

DHMH - 16 60M 7/84

(VRA 15, 4)

PHYSICIAN DIRECTOR PHYSICIAN SAMARITAN HOSPITAL (SPECIEVE 24 FUNERAL DIRECTOR 2222-26 W. NOTH AV.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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COUNTY

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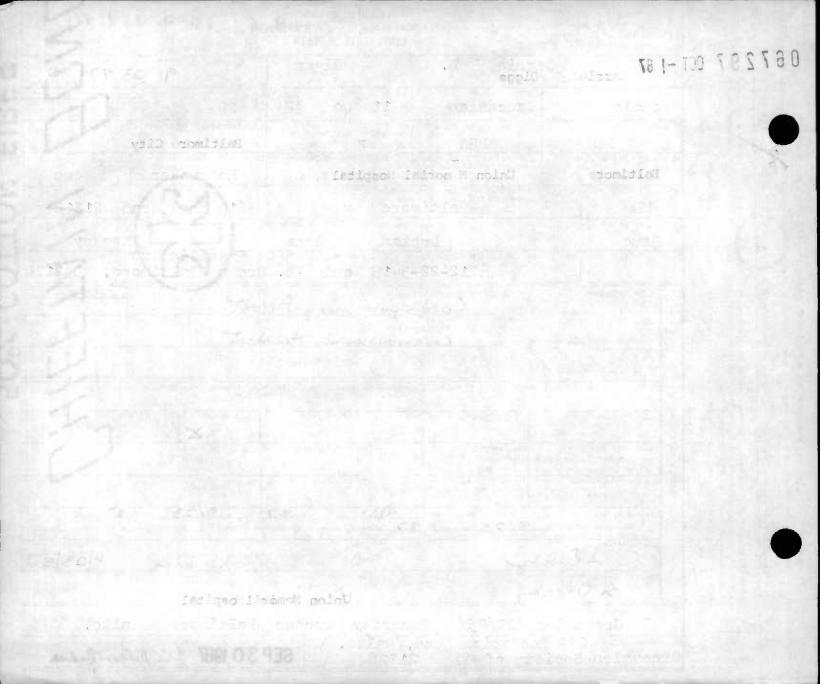
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE, MARYLAND 21201	4	leo leo
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1	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death entitlement is a second by the haspital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending providing an equality while the funeral director should be detached for use as the burial-transit permit. Then please conservations papers. Fourth many many permit is a fine attended for use as the burial-transit permit. Then please conservation is a fine placed for the burial Hygiene prior to burial, cremation, a removed.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			1-	STATE REGISTRAR				CERTIF	CATE OF	DEATH		REG. NO.			
06/	2,9,7	OCT	(Tre	Carrie Diggs				(Di	ggs	20 DATE OF DE	ATH MONTH	DAY 23	B7	10 35 pm
4	ctor. po		3 SE	emale		RACE Caucas	sian	5 DATE C	F BIRTH	98	6 AGE (IN YEARS		MONTH!	DER I VEAR	FUNDER 24 HRS HOURS MIN.
•	*	35		RTHPLACE (STATE OR FO	REIGN 76	76. CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED NOW DIVORCED NO		9 BALTIMORE		INTY OF D	EATH	MD	
8	by the fo	44		Baltimore	H 11		HOSPITAL, NURSIN H FACILITY, GIVE STREET. IN M MODILE								BUSINESS OR OME
AND 212	+illed in gold be	85	13a. S		GHOME OR OT 36 COUNTY	ROTHER INSTITUTION GIVE RESIDENCE BEFORE A NITY BALTIM					112 STREET ADDRESS / ZIR CODE			212	
W (N)		300		Otto	MID			kan		Anna	M	IDDLE		eske	у
TIMORE	- Looper	copeu -		(AS DECEASED EVER IT ES NO OR UNKNOWN)	U.S. ARME		212-22-		Mari		4 Fran Green				D 21207
DIVISION OF VITAL RECORDS, 201 W. PHESTON	been signed by the attention of the prior to burial, cr	any injury, or other from	CERTIFICATION	Conditions, if ony, gove rise to imme couse 101, staffing underlying couse PART 2 OTHER SIGNI 190 DATE OF OPERATE	diote the last	(b) DUE TO, O (c) NDITIONS CO	r as a conseque	NCE OF	NOT RELATE			Y? 20b. I	F YES, WER	RE FINDING	GS USED
OF VITAL R	ng physicion. certificate has rial-transit pe ental Hygiene	m.18 shows		21a ACCIDENT WAS UNDE	USE OF DEATH	21b. TIME C HOUR A.	M. MONTH DA	Y YEAR	?Ic. HOW II	njury occure	YES N		YES 🗌		NO []
WOISION OF	attending ter this ce as the burie hand Men	rked or Ite	MEDICAL	(IF EITHER NOTIFY MEDICA 216 INJURY OCCURRE WHILE NOT WHILE AT WORK	D	21e. PLACE			211. LOCATI		C	TY OR TOWN	C	OUNTY	STATE
O STANDARD	the haspital or AL DIRECTOR A etached for use of the Dept of Healt	F. If hem 21 is mo		270. I certify that (I) (this hospital) attended the deceased fram 13 19 57, to 23 19 that (I) (we) lost sow the deceased alive an 23 19 52 and that in (my) (our) opinion death accurred an the date and have and fram the causes stated abave, (I) (we) (did) (did nat) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 123 187											
ZIIdSOH O.	efained by t TO FUNERAL should be det	MPORTANI		22d PHYSICIAN'S NAME (TYPE OR PRINT) S. OFESKY Union Nemodil Hospital											
	BP		(urial, cremation, r specify) Crema	tion		25/87 Se	curi	ty Pr	rocess	Balti	more		Ito.	MD,
DH	4MH - 16 60M (VRA 15, 4)		Cr	emation S	99 Fr Socie	rederi	ck Road MD	, Ba 2122		SE SE	P 3 0 198	STRAR 256 RE	GISTRAR'S	SIGNATU	dall



		death.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	1	OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 34 minim after di	1
MARYLA		ted within	1
TIMORE,		be execut	\
V ST., BAL		certificote	
PRESTO		the death	
S, 201 W.		rires that	
RECORD		law requ	٦.
OF VITAL		CIAN: The	physicion
IVISION		JG PHYSIC	he hospital or attending physician.
0		ATTENDIA	ospitol or
		OR	he ho

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. DIGGS JR. 1987 20. DASE PEATIBET 16DAY 1665 JR 6,198= 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1928 1928 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Baltimore City TYA RETENIS LOURING TOWN MEDITE AT THE ENTERNIE OF 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR INDUSTRY SCOTT LEY MEDIENTER Beth. Steel Laborer 130 STREET ADDRESS / ZIP CODE 1052 Luzerne Avenue 13d. INSIDE CITY LIMITS? 21205 NOF 15. MOTHER'S MAIDEN NAME MIDDLE LAST Cora ADDRESS 17 INFORMANT Josephine Diggs 1052 Luzerne Ave. 21205 ARREST PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 211 LOCATION COUNTY CITY OR TOWN STATE _19_&2, and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e, ADDRESS FRANCIS SIOTT KEY MEDITE BALT 231 NAME OF CEMETERY OR CREMATORY Balfimore City, Md. Baltimore Cemetery 21229 25% DATE REC'D. BY REGISTRAY 250 REGISTRAP'S SIGNAULAR IN AVERT 18 1987

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REGISTRAR

Male

To BIRTHPLACE ISTATE OR FOREIGN

North Carolina

altimore

10 BLY PE TOWN OF DEATH

Frontis

(YES, NO OR UNKNOWN)

Maryland

14. FATHER'S NAME

FRONTIS

4 RACE

MIDDLE

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

IMMEDIATE CAUSE (0)

220. I certify that (1)(this hospital) attended the deceased from_

obove, (I) (we) (did) (did not) view the body after death

DESMARAIS

Black

GIVE RESIDENCE BEFORE ADMISSION Baltimore

Diggs, Sr.

166 SOCIAL SECURITY NO.

245-28-8898

CARDIAC

DUE TO, OR AS A CONSEQUENCE OF SEPSIS

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

AT HOME STREET, FACTORY, OFFICE, FARM ETC)

216. TIME OF INJURY

P.M

21e PLACE OF INJURY

SCA+

9-22-87

Marshall W. Jones, Jr F. H. 4101 Edmondson Averp

76 CITIZEN OF WHAT COUNTRY?

USA

FRONTIS

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which gove rise to immediate

couse (a), stating the

underlying couse lost.

19n DATE OF OPERATION

21d INJURY OCCURRED

230. BURIAL, CREMATION, REMOVAL

WHILE

22h SIGNATURE

Burial

24 FUNERAL DIRECTOR

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

AT WORK

saw the deceased alive on_

DECEASED NAME

- STATE

(TYPE OR PRINT)

3. SEX

TOR: After this certificate has been signed by the attending physical for use as the burial-transit permit. Then please remove carbon papers of Health and Mental Hygiene prior to burial, cremation, ar removal. shauld be detached for with the State Dept. of H

CERTIFICATION

MEDICAL

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

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		5	TAT	E OF M	ARYL	AND	1
DE	PART	MENT	OF H	EALTH	AND	MENTAL	HYGIENE
		CE	RTIF	ICATI	E OF	DEATH	

2.5600 2.5600

310 SEP =	2. 8	REGISTRAR Z	anes	F. D:	iMattei	CERTIF	CATE OF DEATH		REG. N	0.		
1 75	I DEC	EASED NAME	DIN	notté	NIDDLE P	L/	751	20. D	ATE OF DEATH	MONTH D	5 RT	1235 M
atter poor	3 SE	emaje		RACE Whi	te	5. DATE O	F BIRTH S-1897		E IN YEARS LAST BIE		II OTTOER TIEFRE	HOURS MIN.
135	70 BH	RTHPLACE ISTATE OR FO	REIGN 7		WHAT COUNTRY	Y? 8 MARRIEI WIDOWE	DI NEVER MARRIED	17	LTIMORE CITY O		OF DEATH	MD
1113	32	H MOre) /	1. NAME OF H	HOSPITAL, NURS		R OTHER INSTITUTION	(TYPE	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE HOME			
St house	13a. S Mo	TATE	Balt	other institution, give residence before admission) NTY 136 CITY OR TOWN TO. Balto.		136 INSIDE CITY LIMIT YES NO E		TREET ADDRESS	ZIP CODE Kings	21 ton Pa	220 rk La.	
1 11/13	1	THER'S NAME COD POKO:	rny "	IS. MOTHER'S MAIDEN NAME Anna FRE Hrach				WIDDLE		LAST		
	no no	AS DECEASED EVER I		ed forces? 166. Social Security No. 17 INFORMANT 213-05-2239 Agnes Hartm					nan 158		urley	
hysical popers ovel		18. CAUSE OF DEATH PART I. DEATH WA	S CAUSED	BY:			YTHMIA				APPROXIMA BETWEEN ON	ATE INTERVAL
on admired or or removed or or re-		Canditians, if any, gave rise to imm cause (a), stating underlying couse	which ediate the	(b)	r as a conseg r as a conseg	UENCE OF						
equires the the agent to bur the bur theory, or o	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE										
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ortendan ortendan her this c is the too is ond Me	MEDIC	216 INJURY OCCURR	D	21e PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFIC	E, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
pital or 108, At for use of ef Health 21 is mo		22a I certify that (I) (saw the decease	d alive on		19		d that in (my) (aur) api		occurred on the d			nat (I) (we) lost auses stated
y the hose out DIREC detached are Dept 47. If hem		obove, (I) (we) (did) (did not) view the body ofter death. 776. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									22¢ DATE S	IGNED
O FUNE Possible Signature of FUNE O FUNE Possible of FUNE APORTAN	20	B.	ME ITYPE OR NAPI		71		22e. ADDRESS 100 N	BROZ	DWAY			
BP	Bu	URIAL, CREMATION, F SPECIFY) 1 rial		23b. DATE 9-8-	87	Morela	emetery or cremato and Mem. (Cem.	d LOCATION CITY OR TOWN Balte	o., M		STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL SC 3 3	himunek :	Fune:	ral Ho	me, Jan	c. Md. 21		SFP 8	D. BY REGISTRAR	256 REGISTE		

DEPARTMENT OF HEALTH AND MEN AL HYGIENE DECEASED NAME 20 DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-William 20/19 87 DEATH MATED H. Disney 58 (IN YEAR 4. RACE DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED July 3 1929 Male White 20/ 19 87 DEAD 76. CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland U.S.A. Baltimore City, WIDOWED DIVORCED O CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 2749 Hawkins Point Rd. Truck Driver Baltimore Trucking SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1136 COUNTY 138. INSIDE CITY LIMITS? 13e STREET ADDRESS 175 Carvel Beach Road 21226 Maryland Baltimore NOXX PL FATHER'S NAME 15 MOTHER'S MAIDEN NAME B. GIVE PAGES 1, WITH FORM PM. II. PAGES TAND 2 DIVISION OF WA MIDDLE MIDDLE Elmer R. Disney Ē. Mary Mauler 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ABBIStimore Md 21228 1946-1950 212-26-3073 Diana L. Wilson 331 Stafford Drive Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH AL-TRANSIT PERMIT MENTAL HYGIENE, I NO. OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. 3 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND ME PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY TIC HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION FORWARDED STREET FACTORY FARM FICE CITY OR TOWN COUNTY STATE WHILE AT WORK STATE [TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE SIX BALTMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Inspection Undetermined monner death resulted from Notural causes TITLE (SPECIFY) ACTUAL 9/21/87 Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 51A16 Entombment Glen Haven Mem Park Glen Burnie 07/B4 24 FUNERAL DIRECTOR George J. Gonce 4001 Rirbehie Hgwy Balto Md 25M **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

SEP 22

DHMH - 16 60M 7/84

(VRA 15, 4)

067232

STATE OF MARYLAND	8 /
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	12 2

FOR - STATE REGISTRAR		DEPARTMENT OF HEALTH AND CERTIFICATE OF		REG. NO.	1						
DOLL ASED NAME	FIRST MIDDLE	LAST	2a DATE OF C		YEAR 26 HOUR						
FL	ORA ISABE	LLE DIXO	N	9.22	- 87 620 A						
1.5EX	4 RACE	5. DATE OF BIRTH	6 AGE JIN YEA	RS LAST BIRTHDAY) IF U	INDER I YEAR IF UNDER 24 HRS						
FEMALE	BLACK	5 29	92 95	95 YRS MONTHS DATS HOURS							
TO BIRTHPLACE STATE OR FOR	Th. CITIZEN OF WHAT CO	OUNTRY? 8 MARRIED NEVER	MARRIED X 9 BALTIMOR	CITY OR COUNTY OF	ITY OR COUNTY OF DEATH						
MARYLANI	O U.S.A		VORCED [ALTIMA	RES M						
BAT TIME	(IF NOT IN SUCH FACILITY,	NURSING HOME OR OTHER INS		OR MOST OF WORKING LIFE!	126 KIND OF BUSINESS OF INDUSTRY PVT. FAMILY						
		NCE BEFORE ADMISSION) OR TOWN 13d. INSIDE OF THE PROPERTY OF T	TITY LIMITS? 130.STREET AL	DDRESS / ZIP CODE W Latay	Al Ave						
JOHN	MIDDLE D	LAST AST AST AST AST AST AST AST AST	S MAIDEN NAME FIRST	WIDDLE	CRAV.						
160 WAS DECEASED EVER IN	U.S. ARMED FORCES? 166 SOC	TAL SECURITY NO. 17 INFORMA	ANT	ADDRES BALTO	mo.						
NO	220-	-30-0734A METRO	POLITAN U.M. CI								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO - PULMONARY ARAST											
Conditions, if ony, or gave rise to imme couse (a), stating underlying cause	diote the DUE TO, OR AS A CO	ne featives 1	total Fall	uncr							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
E CARDI	urs.										
190 DATE OF OPERATION	ON 196 CONDITION FO	R WHICH OPERATION WAS PERFO		20b. IF YES, WIN CERTIFYIN YES	/ERE FINDINGS USED IG CAUSES OF DEATH?						
216. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH HOUR A.M. MO		JURY OCCURRED (ENTER NATU	RE OF INJURY IN ITEM 18 PART	ORPART?)						
116 EITHER NOTHEY MEDICA 21d. INJURY OCCURRE MILE NOT WHILL AT WORK	LAT HOME, STREET, FACTOR			CITY OR TOWN	COUNTY STATE						
22a.I certify that (I) (t	his hospital) attended, the decease alive an 9 - 13 - 17 (did not) view the body alter dea		(our) opinion death accurred	9/22 19 on the date and hour or	that (I) (we) losed from the causes stated						
22b. SIGNAT	Jaluli	DEGREE	ATTENDING MEDICAL PHYSICIAN DIRECTOR	STAFF PHYSICIAN	22¢ DATE SIGNED						
22d PHYSICIAN'S NAM	51 -	220 ADDRE		evo BAET	1000 2120						
230 BURIAL, CREMATION, RI	AL 9/26/198		MEM. PK, LAC	UREL.	OUNTY MARY CAND						
2501 GWYNN	FUNERAL HOIFALLS PRWY, BALT	MES, INC. TMORE, MD. 2121		GISTRAFIZIA REGISTRAF	PS SIGNATURE						

SEP 28

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 064965 SEP 20 DATE KNOWN (TYPE OR PRINT) ESTI-John J. DEATH MATED 9-6- 1987 Jr. 3. SEX 4 RACE IF UNDER 24 HRS 2c. DATE 24 HOUR LAST BIRTHDAY) DAY PRONOUNCED 2:50P 6/28/36 51YRS 1987 Male Cauc CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE O 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland 10 CITY OR TOWN OF DEATH USA WIDOWED [DIVORCED . Baltimore City 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY Truck Driver Baltimore Favette and Greene Street Food Store STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 3714 Lyndale Ave, 21213 Baltimore 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME John J. Dobbs, Dorothy Thompson 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO 219-30-4958 Victoria Dobbs, Wife, same as above NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (o) stoting the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFRE DEATH, WITH THE STATE DEPARMENT OF HARTWORE, MARYLAND, 21201 PRIOR TO BURNALLY YES K NO . 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK AT WORK STATE LX. 27a I certify that taak charge of the remains described above, held an Autopsy Inspection and in my apinion Accident Hamicide L Undetermined manner TITLE (SPECIFY) DATE 9-7-87 EXAMINER'S NAME Dennis F ADDRESS 111 Penn Street, Balto, MD 21201 (TYPE OR PRINT) Smyth M.D.

07/84 25M

DHMH - 17 (VR A15 ME (5))

Burial 9/9/87 24. FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL 236. DATE

23c. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

23d LOCATION Balto,

COUNTY

STATE

3331 Brehms Lane SCHIMUNEK FUNERAL HOME, Balto, Md. 2121

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 1987

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be he haspital or attending physician.	L DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 toched for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours after death e bept. of Health and Mental Hygiene prior to burial, cremotion, diremoval.
DIVISION OF VITAL	L OR ATTENDING PHYSICIAN: The Lithe haspitol or attending physicion.	DIRECTOR: After this certificate has ached far use as the burial-transit per Dept. of Health and Mental Hygiene

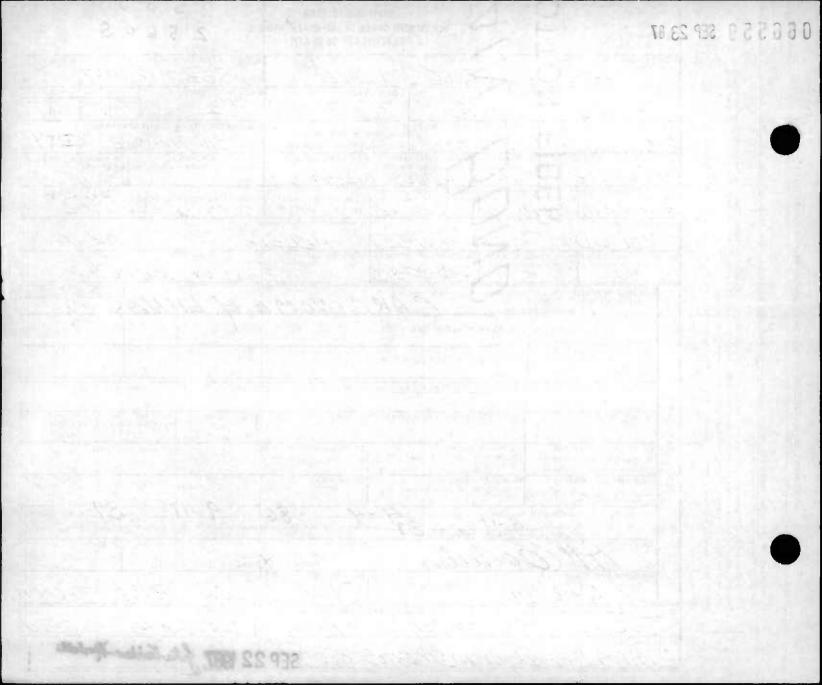
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	pe	ε ξ		CEASED NAME FIRST	MIDDLE	A IAS		20 DATE OF DEATH MONTHY D	YEAR	10:03 PM
	e 4 may b	safter deoth	3. SE	FEISIE	4. RACE B	5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 6. AGE (IN YEARS LAST BIRTHDAY) MODEL OF THE PROPERTY OF THE	FUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
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101	2 offer	by the fi	10(C)	Bultinore	11. NAME OF HOSPITAL, NURS		other institution	(TYPE OF WORK FOR MOST OF WORKING LIFE)		F BUSINESS OR
AND 212	24 hour	filled in nould be	USU/ 13a S	TATE 13b COUL		WN 1	3d. INSIDE CITY LIMITS? YES NO [130 STREET ADDRESS / ZIP CODE	+ 21:	773
MARYL	ed within	and 2 sh	14. F <i>A</i>	THER'S NAME HEZOKIOH	MIDDLE TOURSON		S. MOTHER'S MAIDEN NA	WIDDLE D	le last	
IMORE,	oe execu	rs. Pages 1		VAS DECEASED EVER IN U.S. AR (15, 140 OR UNKNOWN) (15 YES, GT	RMED FORCES? 166 SOCIAL SEC 219-18-	6676	ratomy q	Strong 1624 W	. Sarat	21223
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DS, 201 W.	equires that t	n signed by the Then please rate burial, cre	NO	underlying cause last.	DUE TO, OR AS A CONSEQUENCE TO STATE OF THE CONDITIONS CONTRIBUTING TO	Myoca	0.1 T.C. 1.	MINAL DISEASE OR CONDITION GIVE	N IN PART I o	
AL RECOR	The low re-	prid ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OFERATION	WAS PERFORMED		WERE FINDIN	
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	O HOSPIT	TO FUNERAL DIR should be detache with the State Dep MAPORTANT: If the		22d. PHYSICIAN'S NAME (TYPE OF S)	Mon MD			zene St, Bultimore	mp ;	71201
	BP.		_	Burial	23b. DATE 23c.	NAME OF CE	WETERY OR CREMATORY	Ba 1-to	COUNTY	STATE
		- 16 60M 7/B4 /RA 15, 4)	71 F	INERAL DIRECTOR	n LSons 1701	Laur		SEP 30 1987	AR'S SIGNATU	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATU

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Ubb	559	SEP 2	318	STATE REGISTRAR	ULP		ICATE OF DEATH	-	5605	
			1 050	EASED NAME FIRST	MIDDLE		AST	REG. NO 20. DATE OF DEATH	MONTH DAY YEA	R 2b HOUR
	oy be oge 3 deoth	165		ORPRINT) PATRICI	A GRACE	- 1)	PAKE	SEP 7	- 19 198	7
	pood r	31.33	3 SEX	10111-101	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 Y	EAR IF UNDER 24 HRS
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	ofter of	1	lo CI	Y OR TOWN OF BEATH	I). NAME OF HOSPITAL, NI	STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION		ID OF BUSINESS OR
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SALI	hysicia papers	of. the		18 CAUSE OF DEATH (Enter on	nly one couse per line for (a), (f	ol, and (c).)			BETW	PROXIMATE INTERVAL
Ę.	phy n po	ven		PART I. DEATH WAS CAUSE	D BY:	AR	CINOMI	7 of Ll	N/55	9
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` ≥	that the the the the the the the the the th	othe		underlying cause lost.	DUE TO, OR AS A CONS	EQUENCE OF				
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	sign hen to bu		Z	PART 2. OTHER SIGNIFICANT	COMPINIONS COMPRIBOTING	S TO DEATH BUT	NOT RELATED TO THE TERMI	IVAL DISEASE OR COINE	MION GIVEN IN PAR	1 110
RECORDS	e c . T	275	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FIN	NDINGS LISED
REC	n. nos b	4 /	FIC.	THE DATE OF OTERATION	The Containon Ton W	INCITOT ENAME	TO WASTERN ORMED		IN CERTIFYING CAU	ISES OF DEATH?
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	NDING Il or o R. Afte Use os	e s		22a I certify that (I) (this haspi	0 11	A /	19-86		. 19	. that (I) (we) last
	Pite porto			saw the deceased alive on above, (I) (we) (did) (did no	at) view the body of death.	1987 , 01	ed that in (my) (our) opinion a	leath occurred on the do	te and hour and from	the couses stated
	hor hor hed	Hem	114	226 SIGNATURE	2.11		DEGREE			ATE SIGNED
	AL O the AL D letoc	Maria		17776	Il lally	2	ATTENDING PHYSICIAN	MEDICAL STAF		
	HOSPITAL Ined by th FUNERAL Uld be dete	NA T		274 PHYSICIAN'S NAME ITYPE O	OR PRINT)		22e ADDRESS		<u> </u>	
	etoined b	MPORT		DR. GHILA	AD1		7600 0	SLER	DRIVE	TOWSON
	Da 543	3		URIAL CREMATION, REMOVAL	- 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	234 LOCATION		
	BP		(BURIAL	7891167	EASTLA	WN mem.	CLEVE	-AND COUNTY	OHIO.
	D. II		24 FL	NERAL DIRECTOR			25e DATE	REC'D. BY REGISTRAP	Sh REGISTRAR'S SE	NATHES.
	DHMH - 16 60A	A 7/84	8	1 MENE PILA	Del AC no spe	MADIE	< Unovillada	OO WART A	In Janes	others '

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director page 3

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REG. N	NO.		1	
TE OF DEATH	MONTH	S	87	26 HOUR

٦,		EASED NAME FIRE	51	WIDDLE		AS1		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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	3. SEX	Male	1. RACE	hite	5. DATE C		333	6 AGE (IN YEARS LAST BY	THDAY]	MONTHS DAYS	# UNDER 74 HRS HOURS MIN
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	10 CT	ALTIMOKE ALTIMOKE				NEXAL 1-103		TYPE OF WORK FOR MOST OF CHOP SHE	E WORKING LI	ED INDUSTRY	Place.Ir
7	4	AKYLAND 136	OME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE 131. CITY OR TOWN SAUTUM	٧	13d. INSIDE CITY LI YES 😿 NO		13. STREET ADDRESS		2123	O Balto.Md
	I4 FA	THER'S NAME FIRST R	obert	DROCKL	LA	15. MOTHER'S MAI		MIDDLE		Η̈́	EATH
			S. ARMED FORCES? VES. GIVE WAR OR DATES) KOrea	26 SOCIAL SECUL	347	Dorish	eck,	Same as		ve	
		18 CAUSE OF DEATH (En PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (a)	CARDIO	PUL	MONAU	y	ARRE	ST	APPRO) BFTWEEN	KMATE INTERVAL LONSET AND DEATH
1	'a	Conditions, if any, whi gove rise to immedia cause (a), stating t underlying couse la	ch (b)	RAS A CONSEQUE RAS A CONSEQUE AETAJT	5			LUNG CI		e 3	MONTHS
	ATION	PART 2 OTHER SIGNIFIC	ant conditions <u>co</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMI	INAL DISEASE OR CON	DITION GIV	/EN IN PART 1	(a
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190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
	GOOD WALL TO SELECT		YES NO	S .	YES 🗌	NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	716, TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M.		URRED (ENTER NATURE OF	NJURY IN ITEM 18	YY IN ITEM 18 PART 1 OR PART 2)		
214 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY C	RIOWN	COUNTY	STATE	

220 1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on 9/2 abave, (1) (west (in 1) Adid not) view the body ofter Jewish and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF

??e ADDRESS NGOLD

23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236. DATE Buria] 1987 Cedar Hill Cemt

Balto.Md

alto.Md. A.A.Co.Md. BY REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4

BP.

TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the burial-transit permit. IMPORTANT: If Item 21 is morked or Item 18 share

24 FUNERAL DIRECTOR Balto.Md.2123QDDRESS neral Home. 130 E.Fort Ave. (VRA 15, 4)

NOT WHILE

Funeral

Julia Dividson Randall

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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065858 SEP 1	C R	STATE			HEALTH AND MENTAL HY	GIENE	
2 2 2 2 2 251 11	יט פ	REGISTRAR Fred	a M Dro	melhauser	FICATE OF DEATH	REG. NO.	
	1. DÉ	CEASED NAME FIRST	WIDDLE	MIETHSINSEL	LAST	20. DATE OF DEATH MON	ITH DAY YEAR 26 HOUR
noy be	(TYPE	ORPRINT) Freida		Drow	relhausen.	09.	/13/87 820 AM
(or pd 7	3 SEX	X	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	
ige 4 ma rector . p urs after		Felmale	White	MON		89	MONTHS DAYS HOURS MIN
a 50 m		RTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8		9. BALTIMORE CITY OR CO	OUNTY OF DEATH
nerol na 72		S. Maryland	U.S.A.	WIDOW	ED NEVER MARRIED DIVORCED		MD.
2 ± 8	10 CI	ITY OR TOWN OF DEATH			OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126 KIND OF BUSINESS OR
5	7	BALTIMORE BOUNT	GOOB SAMA	GIVE STREET ADDRESS)	056245	Homemaker	RKING LIFE INDUSTRY
2 3 5 9 9		AL RESIDENCE (IF NURSING HOME				4	21239
BALTIMORE, MARYLAND 2 10 cote be executed worth 24 him eyicon and famplesely, kined opers. Page 1 fand 2 should be vool.	130. 5	136 CC		ORTOWN	YES NO	6401 LOCKI F	CODE
RYLAN CELL Sho	14. FA	ATHER'S NAME			15. MOTHER'S MAIDEN NA	AME	
A S S S S S S S S S S S S S S S S S S S		FIRST	WIDDIE	LAST	FIRST	MIDDLE	LAST
X B		Martin	J. Rees		Catherine	Α	Pfrom
MORE n and b Page		VAS DECEASED EVER IN U.S.		CIAL SECURITY NO.	17. INFORMANT	ADDRESS	21204
AOR ond one	(1)	YES, NO OR UNKNOWN) (IF YES,	. GIVE WAR OR DATES)				
ALTIN te be diction pers. P. bl.		no l	1 212	-52-9366	James Mann	Suite 600 40	9 Washington Ave
ST., BALTIII a physician annopers: for annopers: femoval.			r only one couse per line for the	ol, (b), and (c).T			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAL	(7)	70			
ng ng cert		IWWED	PIATE CAUSE (a)	and I said			
RESTON deoth ce catendin move corb ation, or a fraumotic			DUE TO, OR AS A CO	ONSEQUENCE OF			
RESTON deoth attending any contending of traumoting attending of traumoting attending		Conditions, if ony, which	(ib) Sept	tic anth.	riting of the Co	Showlde.	the state of the s
Pa se		gove rise to immediate					
W. PRESTON ST., or the death certificate by the attending phase remove corbang i, cremation, or remaind other traumotic even		couse (a), stating the underlying couse last.	DOL TO, OH HO A C.				
or o			(10) UTI				
n plane		PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBU	TING TO DEATH BU	T NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 110
RLS, S	CERTIFICATION	Converting He	east failur	0		yks) distante	
BEOD W THE PERSON OF THE PERSO	Ē	190 DATE OF OPERATION			ON WAS PERFORMED	/ /	b. IF YES, WERE FINDINGS USED
Da Serge	O.	140 DATE OF OPERATION	178. CONDITION FO	K WHICH OPERALK	DIN WAS PERFORMED	IN AUTOPST	CERTIFYING CAUSES OF DEATH?
NI he on o	H					YES NO	YES NO NO
N OF VITAL SICIAN: The ng physicio certificate h riol-tronsit entol Hygies flem 18 sho	1 2	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN	ILEM IN PART LORPART 2)
JAN: physical infector infecto		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MO	NTH DAY YEAR		(contract of most many	
ON OF ON OF ding plans certification or them	5	(IF EITHER NOTIFY MEDICAL EXAM	INER) P.M.	19			
PHYS endir	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJUR	Y	211. LOCATION	CATA CONTOURNAL	COUNTY STATE
DIVISION OF VITAL RECORLS, 201 ING PHYSICIAN: The low requires the contending physician. Viter this certificate has been signed it os the burial-transit permit. Then plea th and Mental Hygiene prior to burial, and Mental B shows ony injury, or a corked or them 18 shows ony injury, or a corked or them 18 shows ony injury, or a corked or them 18 shows ony injury, or a corked or them 18 shows ony injury, or a corked or them 18 shows ony injury.	₹	WHILE NOT WHILE	(AT HOME, STREET, FACTO	RY, OFFICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
DIN OS IFF		AT WORK				7 1 1	
Z = Z = Z			ospital) attended the decease		19_2	t 10 9 / 13	
TTE prite		sow the deceased alive	on9 / 1 Z I not) view the body ofter dea	19	and that in (my) (aur) opinion	death occurred on the date o	nd hour and from the causes stated
OR ATTEN e hospital DiRECTOR oched for u Dept. of the		226. SIGNATURE	Thory wew the body offer ded	in.	DEGREE		22c. DATE SIGNED
the hose of Direction of the Direction of the Dept.		1	· / lag/or/ 1	^	ATTENDING	MEDICAL STAFF	-1 - 1
		CA				DIRECTOR PHYSICIAN	9/13/87
- 9 11 4 10 -		226. PHYSICIAN'S NAME (TY	PE OR PRINT)		22e. ADDRESS		
Jan 1400		ASSAAD 1	MARLOVE		GOOD SAN	12 RIVAN HO	56,7A2
TO HOSPIT retained by TO FUNER, should be with the Sto		\ 22\\\(\frac{1}{2}\)	17.1000				J
F 5 F 8 > 2	23a 8	BURIAL, CREMATION, REMOV	AL 236 DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	
BP	1	Burial	9-16-1987	Druid	D4 2 00	CITY OR TOWN	COUNTY STATE
Ur	24 5		7 .0 .701	Druta		Baltimore	
DHMH - 16 60M 7/84	74 FL	JNERAL DIRECTOR		ADDRESS	75e DA	TE REC'D. BY REGISTRAR 756	1 - 1 . A
(VRA 15, 4)	T	eonard J. Ruc	k. Inc. 530	5 Harford	Rd. ISF	P 1 5 1987 4	ulia Devider Rendalla
	_	Q Q T TERCO.		> TIME TOT (True OF	1 10 001 10	

2-1-1-07

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 29 180 CEASED NAME LAST 20 DATE OF DEATH MONTH DROZD SMITESOUT 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR SEX MONTH YEAR DAYS 8 Z FEMALE WHITE 1899 APRIL 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MOZLC MARYLAND WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS INDUSTRY remose HOUSEWIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 14 E, BANK ST. - 2/231 YES X NO [1.TIMORE MARYLAND 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE GEORGE UDEK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF ERZBROVASCU M Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DIVISION OF VITAL RECORDS, CERTIFICATION 20h, IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION à IN CERTIFYING CAUSES OF DEATH? ber NO SO ial-transit 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION ò 214 INJURY OCCURRED 21e PLACE OF INJURY COUNTY STREET CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from FUNERAL DIRECTOR. sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF ld be deto the Stote PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) PHILLIP 0 23d LOCATION CREMATION, REMOVAL

FOR

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

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30- 1	FOR - STATE REGISTRAR	25607			
deoth deoth		liam Rush Dur	Can S DATE OF BIRTH	SENT. 14, 1987	ONTH DAY YEAR 76 HOUR 133AN DAY) IF UNDER 1 YEAR IF UNDER 14 HKS
	1 8 MALE	White	JANUARY 26, 1911	76	YRS DATS HOURS MIN.
0.5v . 65 8 M	BIRTHPLACE ISTATE OFFOREIGN COUNTRY AShe Country North Carolina	L.S. A	MARRIED NEVER MARRIED WIDOWED DIVORCED	BAltimore City or	
44		1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Union Memoria		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
130		TY IS. CITY OR TOW	ADMISSION) 136 INSIDE CITY LIMITS?	13e STREET ADDRESS / 2	
120		NODLE DUNCAM	15. MOTHER'S MAIDEN NA	EILEH	Abshir
160 J	WAS DECEASED EVER IN U.S. ARM (YES NO OR UNKNOWN) I IF YES, GIVE	MED FORCES? 166 SOCIAL SECU		557-7261 ADDRESS 4229 UNCAN Whi	Norrisville Road TE Hall Maryland 21161
	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line far (b), (b), one BY CAUSE (a) Pulm V	nary oderna		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CLIUS
ration of the state of the stat	Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	ence of conyopathy		years
pinose re priori, com occomber	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	1 10 1 11	I SEASE OR CONDI	Yrs
ATION			OPERATION WAS PERFORMED		206. IF YES, WERE FINDINGS USED
ygiene pre I shows on CERTIFICATION	NA 710 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	N A	YES NOT	YES NO NO
d or the 18	00 000 100 100 100 100 100 100 100 100	HOUR A.M. MONTH DA	19 NA	CED LEMIER MATURE OF INJURY	NIIEM 13 PART I ORPARI 2)
h ond w	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Healt	27a I certify that (1) (this hospite sow the deceased alive an above, (1) (we) (did) (did nat	al) attended the deceased from	52 / and that in (my) (our) apinion	death occurred on the date	ond hour and from the causes stated
State Dept	27b. SIGNATURE	Davis,	DEGREE ATTENDING PHYSICIAN [1720 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	220 DATE SIGNED
should be deto	Cara L.		D. 201 E. Un-	iversity Park	way Baltimore.
230	BURIAL, CREMATION, REMOVAL	SEPt. 16,1987 BE	NAME OF CEMETERY OR CREMATORY	23d LOCATION CUYOR TOWN	ord Co. Manland 21014
6 60M 7/84	FUNERAL DIRECTOR TOSEPH William Fosts	BEL Air Marila	Williams St. 250 PA	P 1 5 1987 AR 1	PEGISTAR SIGNAPRE

0 <u>6</u> 6 7 1 4 SCP 24 07

067450

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Julia Divideon Randales

-) l	FOR STATE REGISTRAR			DEPA		EALTH AND	MENTAL HYGI	ENE	REG. NO	0	1 0		
	CEASED NAME E OR PRINT)	FIRST		MIDDLE	ı	AST		2a DATE OF E			YEAR	26 HOUR	0
	CONTRINITY	FANN	IE	E	DUN	STON			09	- 29	-87	2:4	5 M
3 SE	Х		4 RACE		S. DATE C			6 AGE TINYEA	RS LAST BIRTHDA	Y) IF U	NDER I YEAR	# UNDER 24	HRS
	Femo	le	Bla	ck	MONTH	20	1894	C	72	YRS MON	THS DAYS	HOURS	MIN.
	IRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	D NEVER		9 BALTIMOR	ECITY OR C	OUNTY OF	DEATH		
4	N.	C	us	A	WIDOWE		VORCED	B	rete	ces			MD.
10 C	altimor		11. NAME OF I	HOSPITAL, NUE HEACHLITY, GIVE ST		DROTHER INS	Carte	120 USUAL OF			126 KIND OF	BUSINESS	SOR
USU 13a	AL RESIDENCE (OTHER INSTITUTION	GIVE RESIDENCE BE	OWN	13d INSIDE	ITY LIMITS?	13 STREET AL				2/21	7
1	Ma			Baltu	nora	YES X	NO 🗌	2311	Keis	tersy	rwa	Roc	24
14 F	ALUIN		MIDDLE	Har	ies	15. MOTHER	SMAIDEN NAM FIRST	ΛE	MIDDLE		LAST		
	WAS DECEASED		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORM	ANT /		ADDRESS	0 1	,		0
1	NO	IN TES GIV	E WAR OR DATES!	218-19	8-0922	Naor	ii Jou	yner	2311	Reis	sterst	dun .	124
	18 CAUSE OF E	DEATH (Enter on TH WAS CAUSE	ly one couse per D BY: 'E C AUSE (a)	SUDI	ond ic	EATI	۲.					NATE INTERVA	ATH
		IMMEDIAI		DAS A CONSE	OUTNOT OF			12					
	Conditions, if	ony, which	((b)	RAS A CONSE	Jeros	ri.							
	gave rise to couse (a), underlying	stating the	DUE TO, OI	R AS A CONSE	QUENCE OF								2
NO.	1 0 .	SIGNIFICANT O	0.	Adapa	TO DEATH BUT	NOT RELATED	TO THE TERMIN		OR CONDITE	ON GIVEN	IN PART 110		
CERTIFICATION	19a DATE OF OI			ITION FOR WH	OR WHICH OPERATION WAS PERFORMED			200 AUTOP	SY? 20		VERE FINDING		?
1 2									NO	YES [NO [
MEDICAL CE	(IF EITHER NOTIF	CAUSE OF DEA	P.	M. MONTH M.	DAY YEAR		JURY OCCURRE	ED (ENTER NATU	JRE OF INJURY IN	ITEM 18 PART	T OR PART 2)		
MED	21d INJURY OC	OT WHILE	21e PLACE	OF INJURY REET FACTORY OFF	ICE FARM ETC)	21f. LOCATI	T		CITY OR TOWN		COUNTY	51 A	,TE
	AT WORK	AT WORK			011	-	07		1129		07		
	sow the de	at (1) (this hospi eceosed olive on we) (did) (did no	9/29	1	9 - 1 :	nd that in (my		, to leath occurred	an the date	and hour or		hat (1) (we ouses state	
	22b. SIGNATUR		mone	Dar deolin.	n	DEGREE 100	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		220 DATE S	9-8	7
	122d PHYSICIAN BICT	TS NAME (TYPE O	DUON	9		22e ADDRE			ICAL		NTEI	۷ -	
23a	BURIAL, CREMAT	ion, removal	236 DATE		23c NAME OF C	EMETERY OR	CREMATORY	23d LOCAT	ION R TOWN	t.	OUNTY	STA	TE.
	Buri	al	10/	3/87	King Me	morial		Rand	allsto	n		M	
24 F	UNERAL DIRECTO	OR		ADDRE				REC'D. BY RE			R'S SIGNATU	JRE	

OCT

Wm. C. March F/H West 4300 Wabash Avenue

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21

064973 SEP DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH STATE OF MARYLAND

25.611

973 SEP-	9 187	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF		REG. NO.		4
A STATE OF THE STA		EASED NAME FIRST	MIDDLE	EAST DE TOTAL	77.77 20		INTH DAY YEAR	2b. HOUR
1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(TYPE	Jean Jean	Alberta	Duva	n		3 87	5:00gm
2 4 4	1. SE	4.	RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHD		IF UNDER 24 HRS
age 4 on oth	/	F	W	2 05	YEAR /	69	YRS. MONTHS DAYS	HOURS MIN.
1 11 25		RTHPLACE (STATE OR FOREIGN 7)	US.A.		R MARRIED 7 E	Baltimore city or o	COUNTY OF DEATH	MD.
143	P	or town of DEATH	1. NAME OF HOSPITAL, NURSING			USUAL OCCUPATION THE OF WORK FOR MOST OF W		OF BUSINESS OR
1 185	13a, 5	LRESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEFORE 13c GTY OR TOWN		CITY LIMITS? 13e	STREET ADDRESS Z		21061
1 19/12	MEA	THERSNAME	DDIE LAST-	IS MOTHE	R'S MAIDEN NAME	MIDDLE	To the	31
1 1/4/		onstanty	Ryncewic		nislawa	ADDRESS	Luhaws	ra
1 100	/	(16 YES, GIVE V	ED FORCES? 166 SOCIAL SECUI	7.0	rd J. Rync		1251 Delbei Dundalk Mai	
physical physical moval result, fi				119.1	الم ما			MATE INTERVAL ONSET AND DEATH
		MANUELINIE	DUE TO, OR AS A CONSEQUE	/				
8 A N 1		Conditions, if ony, which	(16) Sensis	,				
		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF O AC	en ma	e a Konas	3	
purer h sen plea o buro jury, er	NO	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO D	EATH BUT DOT REIA	ED TO THE TERMINA	L DISEASE OR CONDIT	ION GIVEN IN PART 11	0.
he los re	TIFICATIO	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERI	100		Ob. IF YES, WERE FINDING CAUSES YES TO	
CLUM. To physical and physical	CAL CER	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	INJURY OCCURRED	(ENTER NATURE OF INJURY IN	TIEM IB PART T OR PART 2)	
ond Med or bed o	MEDIC	21d. INJURY OCCURRED HILE NOLWHILE ALWORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM. ETC.) 21f. LOCA STRI		CITY OF TOWN	COUNTY	STATE
TENDIN hel or of the oth f Health		22a.1 certify that (1) (this hospital sow the deceased alive an_	9/7 198	ond that in (m	y) (our) opinion deat	to 9/3	ond hour and from the	that (we) lost
R AT PROCE		obove, (1) (we) (did) (did not)	view the body ofter death.	DEGREE	****		27¢ DATE	
A Paris		Chephaifung			ATTENDING M	NEDICAL STAFF	9/3	187
D HOSPIT Harmed b D FUNE Sould be APORTAN		CHENG, WA		25 ADDR 3047	F& Baltimo	we General	Ballo. M	021230
25 -212		URIAL, CREMATION, REMOVAL	236 DATE 23c N	AME OF CEMETERY O	R CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP		Cremation	Sept.4 ,1987 Gr	eenmount C	rematory	Baltimore.	City Mar	yland
DHMH - 16 60M 7/84		INERAL DIRECTOR	ADDRESS			8 4007	REGISTRAP'S SIGNAL	HELL
(VRA 15, 4)	Wa	lter Brooks Brad	lley F.H. Inc. D	undalk.MD.	21.222	0 1907		

n by the funeral director, page 3 e filed within 72 hours after death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

10 FUNERAL DIRECTOR
Washed be detected for use
with the State Dept. of Hea PORTANT: If from 21 is

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Į	1 -	FOR STATE REGISTRAR			DEPAR		EALTH AND N		ENE REG. I	NO.			
ì		CEASED NAME	FIRST		MIDDLE	l	AST	- A U	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOU	R
	Titre	ON PRINT)	Rose	9	auline	8	arl		Septemb	er 3	1987	121	57AM
Э	3. SEX		Harris II	4 RACE		5 DATE C		1	6. AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER TYEAR	IF UNDER	24 HR5
		Female		Whi	te	MONTH	26	27	59	YRS.	MONTHS DATS	HOURS	MIN.
1				76. CITIZEN OF	WHAT COUNTRY	? 8	- D LIEUES		9 BALTIMORE CITY		Y OF DEATH		
7		Pennsylva	nia	U.S.	A.	WIDOWE	D X NEVERM	ORCED	Baltimo	re (i	tu		MD.
/	-	Baltimor	EATH	(IF NOT IN SUC	HOSPITAL, NURS	ING HOME C	OR OTHER INST	TUTION	12a USUAL OCCUPA (1YPE OF WORK FOR MOST HOUSEUX)	OF WORKING	126 KIND C INDUSTRY	Home	SS OR
171	13a S	AL RESIDENCE (IF NU ITATE Md.	136 COUN	other institution TY imore	GIVE RESIDENCE BEFORE 13c. CITY OR TO: Eastwo	WN,	136 INSIDE CI	NO 🔀			reet 212	224	
2	14:FA	Robert	^	AIDDLE	Lowe			maiden nam Lizabet	4 MIDDLE		LAS	ī	
7		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMAL		ADDI		TO SECTION		
-	1	ES, HOOR UNKNOWN	(IF YES, GIVE	- WAR OR DATES	213-28-	-3740	Georg	re 7. E	arl 7230 G	puch.	Street 2	21224	
)		Conditions, if on gove rise to in couse (a), statunderlying course.	WAS CAUSED IMMEDIATE By, which mediate ling the	DUE TO, O	CAP R AS A CONSEQU	DIAC JENCE OF BET	APP ES		-17US		APPROX BETWEEN	imate inter Onset and i	VAI DEATH
	TION								NAL DISEASE OR CO				
1	CERTIFICATION	190 DATE OF OPER	AHON	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFOR	MED	YES NO	IN CERT	ES, WERE FINDIF FEYING CAUSES FES []	OF DEATH	H?
0	CER	21a ACCIDENT WAS U		216. TIME C		AV 451-	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF IN				
		OR CONTRIBUTING			M. MONTH I	DAY YEAR							
	MEDICAL	21d INJURY OCCU	RRED	21e PLACE			211 LOCATIO STREET	N	CITY OR I	OWN	COUNTY	51	ATE
		220.1 certify that (saw the decea above, (1) (we)	sed alive an	oli attended th	6 19	87.0	nd that in (pay)-(, 19 77	eath accurred on the	date and ha		that (1) (a)	ted
		226. SIGNATURE	w	Froh		N	DEGREE A	TENDING HYSICIAN	MEDICAL ST.	AFF ICIAN []	22c. DATE	3/8	7
		POBE	NAME (TYPE OF	-SHEN	e mp	?	6918	RIP	GE PP. 1	BALT	6 MD	. 21	237
		SPECIFY) Bur	ial	23b. DATE 9-5-	87 23c	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION CITY OR TOWN	1 Bal	to (a)	My st	ATE
	24 FU	INERAL DIRECTOR		1/		- W L	WIL CALL	250 DATE	REC'D. BY REGISTRA	R 25b REGIS	TRAR'S SIGNAT	URE	
	0	harles S.	Zeile	r & Son	Inc. 622	4 Fasi	tern Ave	SEF	03 1987	freis . 1	Sevidon A	inde	

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18/8/8

131 Leave 1 277-37-74 Leaves 1. get 737 Jones 1/27

2/8 2/2 27 2/2 2/8

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06551

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7 23613

512	CED.	1.	FOR STATE GISTRAR	DI	EPARTM		EALTH AND MENTAL HY	YGIENE 2 3	613
1213	SEP	DE	CEASED NAME FIRST	MIDDLE		l	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
o pe o	3.00	(TYPE	OR PRINT) Miria	n Coff.	237	Fa	slev	9.	12 87 920 8
page 3		3 SE		4 RACE	ay	5. DATE C		& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF LINDER 24 HRS
ctor s afte		F	emale	White		July	6, 1910 YEAR	77 YRS.	MONTHS DAYS HOURS MIN
noth For	35	To Bi	RTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COU		8	D XXNEVER MARRIED		ITY OF DEATH
o the b	14	V-	TY OR TOWN OF DEATH Baltimore City	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI Union Memor	VE STREET A	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker	126 KIND OF BUSINESS OR
Alled in a	怒	JSU.	AL RESIDENCE (IF NURSING HOME OR TAKE 136 COUN	OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COL	DE Se Ave. 21212
6 34	March	4 FA	THER'S NAME			5. W	15. MOTHER'S MAIDEN N	IAME	
40	301		John Pa	atrick Co	offay	7	Catheri	ne MIDDLE	Kelly
5 17	1	16a V	VAS DECEASED EVER IN U.S. AR		2		17 INFORMANT	ADDRESS	ROLLY
e exe Page	medic	- (NO (IF YES, GIV	212-0			Henry Easle	y 114 E. Melrose	Ave. 21212
ysicial ypers.	the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one cause per line for (a)	, (b), and	Licens	- 1		APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
g physic onpape	ever			E CAUSE (a) Res	24/20	tang t	cultire		
th ce	1			DUE TO, OR AS A CO	NSEOUF!	NCE OF	11	,	
deo	1		Conditions, if any, which gave rise to immediate	(b) LU	Lt	un	or (type	se (inhum)	
hat the	1		cause (0), stating the underlying cause lost	DUE TO, OR AS A COI	NSEQUE	NCE OF			
signe Then p	njury, e	NO	0 000 100	conditions contributions	VG TO D	EATH BUT	NOT RELATED TO THE TEN	RMINAL DISEASE OR CONDITION G	IVEN IN PART 110
ow re	心力	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b IF Y	ES, WERE FINDINGS USED 'IFYING CAUSES OF DEATH?
The lan.	1	TIF							YES NO
physic physic rtificate al-trans	18°		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MON	TH DA	Y YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
PHYSI tending r this ce the buri	ed or Ite	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE, FA		211 LOCATION STREET	CITY OR TOWN	COUNTY : STATE
ATTENDING aspital as at attending After as at a fer use as to the attending a fer use as to the attending as a second attending a fer use as to the attending a fer use as the attending a fer use at	mork		220. I certify that (1) (this haspit	tal) attended the deceased	from	9	10 19 8	7 10 9/12	, 19 87 , that (It (we) last
TTEN pital TOR for v	21 is	10	saw the deceased alive an abave, (1) (we) (did) (did na	9112		87, or	nd that in (my) (aur) apinio	in death occurred on the date and ha	our and fram the causes stated
OR A be has DIREC Dent	E		22b. SIGNATURE	The wife body differ dear			DEGREE		220 DATE SIGNED
Al C the Al D detoc	= 1		Din 1	Our			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/12/87
HOSPITAL med by th FUNERAL wild be dete	TAN		224 PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS		
etained by TO FUNER should be	MPORTAN		Donna Dow					morial Hospital	
	2	23a 8	URIAL, CREMATION, REMOVAL BUTIAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP				9-15-87	Di	irane	y Valley		ltimore, Maryland
DHMH - 16 60/	M 7/84		INERAL DIRECTOR chell-Wiedefeld	1 Home 6500 Ŷ	ork	Road	-1-1-	ATE REC'D. BY REGISTRAR 25b. REGIS	

sivie . W. Marie . . . It was a manufacture of the control of the

066993

eral director, page 3

STATE OF MARYLAND	a	1
DEPARTMENT OF HEALTH AND MENTAL	HY	GIENE
CERTIFICATE OF DEATH		

29	FOR STATE SEGISTRAR				F HEALTH AND MENTAL HYG TIFICATE OF DEATH	REG. NO.		
	CEASED NAME	LOUISE	KHEL		WARDS	September 24,		2:35p
3 SEX	× Female	4. R	White		те оғ віктн тұ 14, 1897	6 AGE (IN YEARS LAST BIRTHDAY) 90	IF UNDER I YEAR	IF UNDER 24 H
10 CI	RTHPLACE (STATE OF COUNTRY) Maryland Marylan	ATH 11.		MAR WIDO	RRIED NEVER MARRIED NOWED NO DIVORCED NA COROTHER INSTITUTION Nursing Center	Baltimore Ci 120 USUAL OCCUPATION (TYPE OF HOMEMAKET	LTY	DE BUSINESS Home
13a S	AL RESIDENCE (IF NUF	ISING HOME OF OTH		ESIDENCE BEFORE ADMISSION OF THE PROPERTY OF T	YES NO NO	13e STREET ADDRESS / ZIP (3609 Glenmor	and and	120
	ATHER'S NAME FIRST WILLIAM WAS DECEASED EVE	MIDE	Ι	LAST Dobson SOCIAL SECURITY NO	15. MOTHER'S MAIDEN NA FIRST Clara D. 17 INFORMANT	ME MIDDLE ADDRESS	Moon	
	NO 18 CAUSE OF DEA PART I DEATH	(IF YES, GIVE WA	AR OR DATES)	17-34-42001	The second second second	Et, 2421 Hillfo	ord Dr. 2	21234
ATION	PART 2 OTHER SIG	ST-FAS			BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20b.	IF YES, WERE FINDII	a
1 11	ING DATE OF GREAT	ATION						NGS USED
REFE					The Howelston occur	YES NO	YES	
CAL CERTIFICATION	210. ACCIDENT WAS UP OR CONTRIBUTING	NDERLYING	21b. TIME OF INJ HOUR A.M. P.M.	MONTH DAY YE	AR		YES 🗌	OF DEATH?
MEDICAL CERTIFIC	OR CONTRIBUTING	NDERLYING CAUSE OF DEATH DICAL EXAMINER)	21b. TIME OF INJ HOUR A.M. P.M. 21e PLACE OF IN	MONTH DAY YE	19 21f LOCATION	YES NO	YES	NO
	OR CONTRIBUTING [] (IF EITHER, NOTIFY MEI 21d INJURY OCCUI WHILE NOT V AT WORK AT W 220.1 certify that (NDERLYING CAUSE OF DEATH DICAL EXAMINER) RRED ORK ORK ORK	21b. TIME OF INJ HOUR A.M. P.M. 21e PLACE OF IN (AT HOME, STREEL, EA attended the dec	MONTH DAY YE JURY ACTORY, OFFICE FARM, ETC. Ceased from 577	19 21f LOCATION	YES NO RED (ENTER NATURE OF INJURY IN ITE	YES	SOF DEATH? NO
	OR CONTRIBUTING (IF EITHER NOTIFY MEI 71d INJURY OCCUI WHILE AT WORK 720. I certify that (saw the decea above, (1) (we) 721. SIGNATURE	NDERLYING CAUSE OF DEATH DICAL EXAMINER) RRED ORK 1) (this hospital) used alive an ratch (did not) vi	21b. TIME OF INJ HOUR A.M. P.M. 21e PLACE OF IN (AT HOME, STREEL, FA ottended the dec	MONTH DAY YE JURY ACTORY, OFFICE FARM, ETC. Ceased from 577	21f LOCATION) 21f LOCATION) STREET 19 55 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	YES NO RED (ENTER NATURE OF INJURY IN ITE	YES	STATE that (I) (we) causes stated
	OR CONTRIBUTING (IF EITHER NOTIFY MEI 21d INJURY OCCUI WHILE NOT V AT WORK AT WORK 220.1 certify that (sow the decea abave, (1) (week)	NDERLYING CAUSE OF DEATH DICAL EXAMINER) RRED ORK 1) (this hospital) used alive an ratch (did not) vi	21b. TIME OF INJ HOUR A.M. P.M. 21e PLACE OF IN (AT HOME, STREET, FA 9/20 1ew the body after	MONTH DAY YE STUDY ACTORY, OFFICE FARM, ETC Leased from 5/7 death. 19 87	AR 19 21f LOCATION) STREET 19 5 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	PRED (ENTER NATURE OF INJURY IN ITE CITY OR TOWN death occurred on the date on MEDICAL STAFF DIRECTOR PHYSICIAN [YES COUNTY 19 87 Id have ond from the 22% DATE Sept.	that (I) (we) causes stated
WEDICAL 230. E	OR CONTRIBUTING (IF EITHER NOTIFY MEI 71d INJURY OCCUI WHILE NOT V AT WORK 720. I certify that (CAUSE OF DEATH DICAL EXAMINER) RRED ORK I) (this hospital) AME (type or pr From	21b. TIME OF INJHOUR A.M. P.M. 21e PLACE OF IN (AT HOME, STREEL, F/ ottended the dec 9/20 iew the body after W. D. 23b. DATE ept. 28, 15	MONTH DAY YE AJURY ACTORY, OFFICE FARM, ETC. Leased from 5/7 death. 19 87	21f LOCATION 21f LOCATION 19 85 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS 8014 01d H DF CEMETERY OF CREMATORY 17kWOOD	YES NO RED (ENTER NATURE OF INJURY IN ITE CITY OR TOWN to 9/24 death accurred an the date an MEDICAL STAFF DIRECTOR PHYSICIAN	YES	state that (I) (we) causes state SIGNED 25,] D 212 Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed be should be detached for use as the burial-transit permit. Then prest with the State Dept. of Health and Mental Mygiene prior to burial.

ATTENDING PHYSICIAN: The Laattending physicion.

TO HOSPITAL

BP.

Misis us order in brown, hin 4108;

65	02	SE	P:
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificant person of within 24 hours after death. Page 4 may be 7	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician majetely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon partitions and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked at them 18 shows any injury, or other troumatic event, the medical examines and the notified of once.

(VRA 15, 4)

STATE OF MARYLAND 8 7 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 1 000 0	1.	FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYGI FICATE OF DEATH	IENE 2	5615
Z SEP -9		CEASED NAME WITE	MIDDLE	Ed	wards		9 5 1987 12:45 M
ge 4 moy ectar. pa irs after d	3. SE	* Male	4. RACE Black	5. DATE		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER TYEAR IF UNDER 74 HRS. MONTHS DATS HOURS MIN. YRS.
death. Pa	S	RIHPLACE (STATE OR FOREIGN COUNTRY) Outh Carolina		MARRIE	DIVORCED	Datin	ore City MD.
by the trace of th	В	altimore	I NAME OF HOSPITAL, NURSI INNOTHIN SUCH EACHLITY GIVE STREE WWW.44TG	DORESS	anyland top.	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF Unemploye	WORKING LIFE) INDUSTRY
in 24 har y filled in should be	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUP aryland		VN	YES NO		ZIP CODE Lanvale 21217
d with		ATHER'S NAME FIRST Milton VAS DECEASED EVER IN U.S. AR	Edwards MED FORCES? 166. SOCIAL SEC		15. MOTHER'S MAIDEN NAMERST Mary 17. INFORMANT	AE MIDDLE ADDRE	Edwards
		YES, NOOR UNKNOWN) (IF YES, GIV	249-68	-5189			5 W. Lanvale
ng ph bongor removal.		PART I. DEATH WAS CAUSE	ny ane cause per line lar (a), (b), a D BY: TE CAUSE (a)	nd (c).)	stratory o	ourest	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
the attendi remave cor remation, or her troumati		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENT OF THE TOTAL OF T	coll	lung co	mer	
quires that th signed by th hen please re to burial, cren ijury, ar ather	Z		(c)CONDITIONS CONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERMI	nal disease or cond	ITION GIVEN IN PART 110
he low recon.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SKIAN, Tild physicing physicing certificate rial-transitions of the rial-trans		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 7)
offer this of the orthogonal of the burth ond Medar I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	YN COUNTY STATE
ATTENDI aspital or ECTOR: A d for use t. of Heal m 21 is mi		saw the deceased alive an above, (I) (we)(did) (did no	tol) attended the deceased fram, Solothon 19 www.the bady after death.	81		eath accurred on the do	te and hour and from the causes stated
by the hy ERAL DIRI State Dep ANT: If the		22b. SIGNATURE	ar Javeck		ATTENDING PHYSICIAN	MEDICAL STAF	224. DATE SIGNED 9/5/87
to Hospital etained by if TO FuneRal should be det with the State with the State		224 PHYSICIAN'S NAME (TYPE O	5 Sneet,	ND.	220 ADDRESS 22 6. a	seene St.	Ballo, MD 21209
BP		Burial, CREMATION, REMOVAL Burial			emetery or crematory iew Cemeter		
DHMH - 16 60M 7/84	24 FI	UNERAL DIRECTOR	ADDRESM	c 0 0 -	250 DATE	REC'D. BY REGISTRAR	Sh. REGISTRAR'S SIG WILLIAM

Leroy O. Dyett & Son

SEL O BOT

SEP 0 8

FOR STATE REGISTRAR 066108 pl director, page 3 2 havrs after death moy be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND & / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

		CEASED NAME	FIRST	٨	AIDDLE	L	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HO
L			NRON	ce Ra	aymond	0	ZICK	C	7 16	87	0
	3. SE)	(4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDE
		Male	-	Whit	e		18, 1912	75	YRS		
		RTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY C	FDEATH	
7		Virginia		II.S	S.A.	WIDOWE		Baltimor	e City		
99		TY OR TOWN OF DEA	TH I	1. NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATI	ON	12b. KIND C	F BUSIN
<	1	Baltimore			H FACILITY, GIVE STREET A		a]	Painter	OF WORKING LIFE)	INDUSTRY	16
P	USUA	AL RESIDENCE (IF NURS	NG HOME OR O	THER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)			1.	l De.	11
6			13b COUNT	Y	Baltimo		13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS . 27 S. Cas		. 212	21
-		aryoland THER'S NAME			Dattillo	re	15. MOTHER'S MAIDEN NA		rie or		<u> </u>
SP)		FIRST		IDDLE	LAST Dl s als		Lillie	MIDDLE		Decrease	1 to the
U	160 V	John VAS DECEASED EVER	Hen		Elick 166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRI	SS	Brya	116
1		YES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)				2016	Cabaca	Jan A	
		Yes	WW.		212-12-		Joyce V. Jef:	orus, 3940	SCHLOE	APPROX BETWEEN	
		18 CAUSE OF DEATH PART I. DEATH W	H (Enter only AS CAUSED	one cause per BY:			1. 100-			BETWEEN	INU
			IMMEDIATE	CAUSE (a)	CA	RDIA	K ARRISO			- 1	inu
				DUE TO, OI	R AS A CONSEQUE	10				W.	
		Conditions, if any, gave rise to imm		(b)	H4	1013	WSION .			10	nun
		couse (a), statin	g the	DUE TO, OI	R AS A CONSEQUE	NCE OF	11				
		underlying couse	last.	((c)	CON	6851	TIVE MEANS	T FAILLI	60	1 7	2-A
	_	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	a
	O	REA	VAZ	FX	HLUKE	,	CMRONIC	OBSTRUC			
7	CAI	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
de	CERTIFICATION							YES NOT	YES		NO
0	CE	21a. ACCIDENT WAS UND		216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	TT OR PART 2)	
4	A	OR CONTRIBUTING (P.,		19	ALTERNATION OF THE STREET				
- //	MEDICAL	21d INJURY OCCURE	RED	21e. PLACE		-2.5	211 LOCATION				
1	5						STREET	CITY OR TO	WN	COUNTY	
4		WHILE NOT WH	RK	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO)WN	COUNTY	
1		WHILE NOT WE AT WORK AT WORK 270 1 certify that (1)		1			STREET	CITY OR TO)WN		that (1)
1		220 1 certify that (I)	(this haspite	al) attended th	e deceased fram_			, to	, 10	9,	that (1)
/			(this haspite	al) attended th	e deceased fram_	or		, to	, 10	9,	causes s
1		270 I certify that (I) saw the decease abave, (I) (we)	(this haspite	al) attended th	e deceased fram_	or	, 19	, to and the death accurred on the death accurred on the death accurred and the death accurred to	ote and hour	and from the	causes s
1		270 I certify that (I) saw the decease abave, (I) (we)	(this haspite ed alive an _ did) (did not)	al) attended th	e deceased fram_	or	., 19 nd)that in (my) (our) apinion DEGREE	, to an the d	ote and hour	and from the	causes s
1		27a I certify that (I) saw the decease abave, (I) (Xe) c 27b. SIGNATORE	(this haspito ed alive an did) (did not)	ol) attended the view the body	e deceased from	Cor.	, 19	, to and the death accurred on the death accurred on the death accurred and the death accurred to	ote and hour	and from the	causes s
1		27a I certify that (I) saw the decease abave, (I) (Ac) c 27b. SIGNATURE 27d PHYSICIAN'S NA	(this haspite ed alive an _ did) (did not) AME (TYPE OR	ol) attended the view the body	e deceased from	C)	., 19	, to and the death accurred on the death accurred on the death accurred and the death accurred to	ote and hour	and from the	causes s
1	23a E	27a I certify that (I) saw the decease abave, (I) (Xe) c 27b. SIGNATORE	(this haspite ed alive an aid) (did not) AME (TYPE OR REMOVAL	ol) attended the view the body	oher death.	VAME OF C	, 19	MEDICAL STA DIRECTOR PHYSIC	ote and hour	224. DATE	causes s

BP DHMH - 16 60M 7/84

OR ATTENDING PHYSICIAN. The law ne hospital or attending physician.

(VRA 15, 4)

BP.

DHMH - 16 60M 7/8 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

]~ 5 97	FOR STATE REGISTRAR			DEPART		ICATE OF D	MENTAL HYGI		REG. NO.			
	DEC	EASED NAME	FIRST	M	DDLE	t	AST .		20 DATE OF D	EATH MONTH	DAY YEAR	26 HOUR	P
F	(TYPE	OR PRINT)	REDER	TC		. E	LLIS		SEP	TEMBER	2, 198	37 10:	0
`	3. SEX			RACE	-	S. DATE C			6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER I YEA	R IF UNDER 24 HRS	_
	2	male	55.4	black		MONTH 8	12 DAY	1940	47		MONTHS DAY	HOURS MIN.	
70	7a. BIF	RTHPLACE (STATE OR F	OREIGN 7h		HAT COUNTRY?	8		-		CITY OR COU	NTY OF DEATH		-
5		OUNTRY) Md		US	Α	MARRIE		VORCED X		_	RE CITY	, M	D.
3	10 CII	BALTIMOR		NAME OF HE	OSPITAL, NURSIN	OPKI	NS HOS	PITAL	120. USUAL OC (TYPE OF WORK FO	CUPATION OR MOST OF WORKIN		OF BUSINESS OF	2
TUS H	13a S	Md	YTINUON JEI		give residence befor 13c. CITY OR TOW Baltimor	/N	YES	NO 🔼		DRESS / ZIP CI		21207	
200	M FA	THER'S NAME	MID	DLE	LAST			MAIDEN NAM		AIDDLE	L	AST	
6	1	rederic	W	illiam_	E11-	is		lda			Commo	dore	
6		AS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	JRITY NO.	17. INFORMA	NT		ADDRESS			
原		Yes	(# 125, 5772 1		212-36-8	3833	Janie	ce Elli	s 3402	Keston	Road		
ER		18 CAUSE OF DEATI PART I. DEATH W	H (Enter anly of AS CAUSED B IMMEDIATE (Y:	LEFT VE		CLAR	PAIL	SRE		BETWEE	NONSET AND DEATH	_
D4				DUE TO, OR	AS A CONSEOU	ENCE OF					(-/-	
円		Conditions, if ony,		(b)	BILEDI	NG.					0	NS	
COLL	8	gove rise to imm couse (a), statin underlying cause	g the *	DUE TO, OR	AS A CONSEQUE A ORTIC		REPLAC	CHOUT			1	hs	
0		PART 2 OTHER SIGN	NIFICANT COM	NDITIONS CO	NTRIBUTING TO				INAL DISEASE C	R CONDITION	GIVEN IN PART	lia	=
00	20	H10 B	BACTER.	n au	DOCARDIT	75 t	- 1V Z	PRUG,	ABUST				
Pa	CERTIFICATION	190 DATE OF OPERAT	TION	AD RT	ION FOR WHICH		N WAS PERFO	RMED	200 AUTOPS		YES, WERE FIND RTIFYING CAUSI YES [
- WE		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME OF HOUR A.M P.M	A. MONTH D	AY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATUE	E OF INJURY IN ITEM	18 PART TORPART?		
NON	MEDICAL	21d INJURY OCCURE	THE T	21e PLACE O	OF INJURY ET, FACTORY, OFFICE.	FARM, ETC)	211 LOCATIO	N	(ITY OR TOWN	COUNTY	STATE	
AS		220.1 certify that (1)	(this hospital)	9-2	19	87	nd that in (my)	(aur) opinion o	to	9-2 on the date and	, 19 <u>87</u> hour and Irom th	that (I) (we) la	st
ED		obove, (I) (we) (c 22b. SIGNATURE	did) (did-not) v	the bady o	itter death.	7	DEGREE	TTENDING	MEDICAL	STAFF	22c DA	E SIGNED	-
P. S.		22d. PHYSICIAN'S NA	AAE ITVE OR DE	Mynu	sy/12	2		PHYSICIAN [PHYSICIAN	1-	(-8)	
ELE		THE PHI SICIAL STA	SH	UMW	VAY		6181	Blalock	Bldg -	Johns H	POKINS	Hospital	/
24		URIAL, CREMATION,		23b. DATE			EMETERY OR		23d JOCATI	TOWN	COUNTY	STATE	
	24 51	Buri INERAL DIRECTOR	al	9/9/8	1 1 1 1 1 1 1	arrisc	n Fore		OWIN F REC'D BY REC		IS SISTRAR'S SIGNA	MD	
34		n. Mc. Marc	h F/H I	West 43	00 Wabas	sh Ave	enue	SEP	09 108	7. Julian	Sevidon-A	indelle	

SERO D DR

066107 SEP	1	FOR STATE GISTRAR FIRST	wood Edw		STATE OF M. ENT OF HEALTH CERTIFICATE	AND MENTAL HY		2 5 G. NO	DAY YEAR	ď
4 may be re, page 3 ster death	3, 58	ELLN		Emk	S. DA E OF BIRTH	27, 1923	6 AGE (IN YEARS)	9/14/	87	
Par and the	E	altimore, Md.	76 CITIZEN OF W		MARRIED N	EVER MARRIED DIVORCED	9 BALTIMORE C	YRS ITY <u>OR</u> COUNT Imore Ci		MD.
3	18	LTIMORE	(IF NOT IN SUCH	ACILITY, GIVE STREET A	TI KEU!	YENGLUL CO		cendant	(Gas	of Business or Station
TLAND 2	P)	aryland Na		I. CHY OR TOWN	13d. IN: YES (SIDE CITY LIMITS? NEEDS MAIDEN N			fourt	21221
NOSE WA		August WAS DECEASED EVER IN U.S. YESTER BUNKNOWN)	C. Emkey	66 SOCIAL SECUR 218 12 4	17 NO 17 INF	Myrtle ORMANT E. E.	e Wilsomkey, Son	on DDM 506 I		re. Ave.
Figure 1. BALTIN		18 CAUSE OF DEATH LENT PART I. DEATH WAS CA	er anly ane cause per li USED BY: DIATE CAUSE (a)				ARREST			DXIMATE INTERVAL N ONSET AND DEATH
1 W. PRESTON that the death ce by the attending take remove corb all cremonion, or a cother traumatic.		Conditions; if any, which gove rise to immediat cause (a), stating the underlying cause last	b (b)	AS A CONSEQUENCE	- STAGE	E LUNG	CA			
IECORDS, 20 Is a requires to been signed the price to busines to crystalory, o	CATION	PART 2 OTHER SIGNIFICA			DPERATION WAS		MINAL DISEASE OR	20b. IF YE	VEN IN PART I	DINGS USED
SCIAN The grantificate to maintenant present trees.	CAL CERTIF	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LITHER NOTIFY MEDICAL EXA-	F DEATH HOUR A.M	MONTH DA	Y YEAR 19	OW INJURY OCCU	YES NO	PEINJOHY IN ITEM 18	PART OR PART 2)	NO 🗌
DIVISION SOING Presidents of a other site in treath and in	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22d I certify that III his h		t, FACTORY, OFFICE FA		STREET 19	City	9/16	COUNTY	state , that (I (we) last
AL OR ATTE the hospital AL DIRECTO fethorhood for the Dept. of It.		saw the decleded all obover (1) we is did not 72b SIGNATURE	apply of	ter death.	DEGREE		MEDICAL DIRECTOR P	STAFF		E SIGNED
TO FUNER Investigation of the St.		ADLAI L	PAPPL	(MI))	DDRESS			11	
ВР	736	BURIAL CREMATION, REMO	9/18/8	7 Ho]	AME OF CEMETER		Gardens TE REC'D. BY REGIS	"Baltim		
DHMH - 16 60M 7/84 (VRA 15, 4)	P	Adzinski Min	eral Home	A 1407 T	ld Easte	rn Ave.			Second 9	2. Rondall

066107 SEP 18 87 FOR AN ARTICLE LAND MARKETS mercan en la manage de la manag THE THE STREET OF THE STREET OF THE STREET OF THE STREET, AND STRE The state of the s AND COMPLETE STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PERSON. 16k and even bile marker introduction to the rate Co. 38.

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JOH Me (Amerol director, page 3

ENDE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiofor should be detached for use as the burial-transit permit. Then please remove corban papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

BP. DHMH - 16 60M 7/ (VRA 15, 4)

STATE OF MARYLAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CENTIFICATE OF DEATH

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28 8	FOR STATE REGISTRAR	DEPA		ALTH AND MENTAL HYC	GIÉNE REG. N	0.	10 6	
	CEASED NAME FIRST JOHN	MIDDLE E.	END		20. DATE OF DEATH SEPTEMBER			11:50
3. SE	MALE	4 RACE WHITE	5. DATE O	QAY . YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 74 HRS HOURS MIN.
io Bi	COUNTRY 10	76. CITIZEN OF WHAT COUNT	MARRIED	NEVER MARRIED DINORCED	BALTIMORE CITY OF		FDEATH	
10 B	ALTIMORE	THE NAME OF HOSPITAL, NUTTHER NOT IN SUCH FACILITY, GIVES JOHNS HOPKI	TREET ADDRESS)		126 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF ACCOUNT)	F WORKING LIFE)	126 KIND O INDUSTRY	F BUSINESS O
5 13a. S	AL RESIDENCE (IF NURSING HOME O STATE 12 COU ARYLAND BAL			13d. INSIDE CITY LIMITS! YES NO D	13e.STREET ADDRESS	F-12-0-0-0	21 ARFOR	234 DAT
30	ATHER'S NAME SIRST	To END	EPS	15. MOTHER'S MAIDEN NA	MIDDLE M.	EI	SWES	IRTH
	WAS DECEASED EVER IN U.S. AI (YES, NO ORUNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIALS VE WAR OR DATES) 213-	46-0120	17 INFORMANT	Emily R	EC013	05	
,	PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b ED BY: .TE CAUSE (o)		eart Faylum			BETWEEN C	MATE INTERVAL ONSET AND DEATH
7	Canditions, if ony, which gove rise to immediate couse (D), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE	EQUENCE OF		winal disease or con	DITION GIVEN	3403	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	
7 3	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR		RY IN ITEM IS PART	I OR PART 2)	
MEDIC	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFI	FICE, FARM, ETC.)	711 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	saw the deceared alive at abave, (1) we) (did) (did n	ital) attended the deceased from 11:33 9/17 at) view the bady after death.	19.37, an	that in (aur) apinian			nd from the	
	276. SIGNATURE Alten Ven	san Jalle n	40		MEDICAL STA		9/1%	SIGNED
	ALTON V. H.	allum mo		Johns Hop	Lin			
230(BURIAL CREMATION, REMOVAL	236 DATE 09-21-1987	PARKLY	METERY OR CREMATORY	PARKU	ME	BALT	D. CO.
24 FI	UNERAL DIRECTOR	2857 NE 1909	EMAR	250. DA	TE REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNAT	URE COLOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				CERTIF	EALTH AND MENTAPHYS ICATE OF DEATH	REG. NO.	A W				
	F OR PRINT)	IRST	MIDDLE		AS1	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
	JE		•		WALL	SEPTEMBER 24,					
3. SE	X	4. RACE		S. DATE C		& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MI				
	Male		hite	Apri	1 14, 1984						
1	IRTHPLACE (STATE OR FOR COUNTRY) Maryland		S.A.	MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY OR COUN BALTIMORE CITY					
10 C	BALTIMORE	11, NAME OF (IF NOT IN ST THE	HOSPITAL, NURSIN JOHNS HOP	G HOME C ADDRESS) KINS	OR OTHER INSTITUTION HOSPITAL	12e USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING Dependent	126 KIND OF BUSINESS (INDUSTRY				
13a S		HOME OR OTHER INSTITUTIO	N GIVE RESIDENCE BEFORE 113c. CITY OR TOW Baltimor	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 3407 Parksid	ope e Drive 21214				
	aryland -		IDAT CIMOT		15 MOTHER'S MAIDEN NA	ME					
1	Thomas	L.	Engw	all	Jane	D.	Dillon				
	WAS DECEASED EVER IN		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS					
1	YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)	219-06-8	085	Thomas L.	Engwall 3407 Pa	rkside Dr. 212				
	18 CAUSE OF DEATH	Enter only one couse p	er line for (a), (b), on	d (c)	• ,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT				
	PART I DEATH WAS	CAUSED BY: MEDIATE CAUSE 10)_	HYPE	TEN	1510N		17 hours				
1	"		OR AS A CONSEQUE	NCE OF	,		a pauc				
1	Conditions, if ony, w	hich ((b)_	SEI	051	S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7 0775				
	gave rise to immed couse (a), stating underlying cause	the DUE TO,	OR AS A CONSEQUE	PIRE OF	ATORY FAIL	URK	2 MONTHS				
z		ICANT CONDITIONS		DEATH BUT		MINAL DISEASE OR CONDITION (GIVEN IN PART Tra				
CERTIFICATION	IN DATE OF OPERATIO				N WAS PERFORMED		YES, WERE FINDINGS USED				
분	6641		DNGGAIL	TAI	HEART DISCHE	YES NOT	YES X NO T				
1 =	210. ACCIDENT WAS UNDER	LYING 7 216. TIME	OF INJURY			RED (ENTER NATURE OF INJURY IN ITEM I					
1 19	OR CONTRIBUTING CAL	ISE OF DEATH HOUR	A.M. MONTH D								
	(IF EITHER NOTIFY MEDICAL		P.M. E OF INJURY	19	211 LOCATION						
MEDICAL CER	(IF EITHER NOTIFY MEDICAL	21e PLAC	E OF INJURY STREET FACTORY OFFICE F		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
	(IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLAC	E OF INJURY STREET FACTORY OFFICE F			CITY OR TOWN	17				
	(IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (1) (1)	21e PLAC (AT HOME S	E OF INJURY STREET FACTORY OFFICE F	ARM, ETC.)	STREET 19	10 9/24	_, 19 <u>X 7</u> , that ——————————————————————————————————				
	(# EITHER NOTHY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.] certify that (11-till sow the deceased above, (Industrial	21e PLAC	E OF INJURY STREET FACTORY OFFICE F	ARM, ETC.)	STREET	city or town	that 11 mour and from the couses stated				
	(IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 22c. I certify that (Int) sow the deceased above, (Intwellidid 27th SIGNATURE	21e PLAC (AT HOME: anis hospital) offended olive on a (did not) view the bod	E OF INJURY STREET FACTORY OFFICE F	ARM, ETC.)	hd thovin (my Out Spinion DEGREE ATTENDING PHYSICIAN (deoth occurred on the date and h	nour and from the couses stated				
	(# EITHER NOTHY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.] certify that (11-till sow the deceased above, (Industrial	21e PLAC (AT HOME: anis hospital) offended olive on a (did not) view the bod	E OF INJURY STREET FACTORY OFFICE F	ARM, ETC.)	hd thovin (my Out Spinion DEGREE ATTENDING PHYSICIAN (to 9/24 death occurred on the date and h	nour and from the couses stated				
WEDICAL	(# EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK NOT WHITE AT WORK 220.1 certify that (1/th) sow the decorate obove, (N-twe) Lidid 7th SIGNATURE BURIAL, CREMATION, RE (SPECIFY)	21e PLAC (AT HOME S AT HOME S A	the deceased from y after death.	SARM, ETC)	DEGREE ATTENDING PHYSICIAN 172 AODRESS CEMETERY OR CREMATORY	deoth occurred on the dote and the dote on	nour and from the couses stated ALTO MD 21205 HOSPITAL COUNTY STATE				
WEDICAL 23e	(# EITHER NOTIFY MEDICAL 21d. INJURY OCCURRE(WHILE NOT WHILE AT WORK 220. I certify that (Inc) sow the decessed above, (Industrial 27th SIGNANDE 27th PHYSICIAN'S NAM 27th PHYSI	21e PLAC (AT HOME S AT HOME S A	the deceased from y offer death.	SARM, ETC)	nd the vin (my Out opinion DEGREE ATTENDING PHYSICIAN [276 AODRESS G(deoth occurred on the dote and had been decembered on the dote and had been decembered by the dots on the dote and had been decembered by the dots of	ALTO MD'-21205 HUSDITHU COUNTY STATE Maryland				

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SEP 28 1997

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

U.	ш	Of	HEN	rin	AND	WELLIAT	11.3
C	E	RTI	FIC	ATE	OF	DEATH	

WEGIST KAK			REG. NO.			
DECEASED NAME FIRST	middle C.	Erisman	September 20,	1987 3 01 a M		
SEX Female	4. RACE White	5. DATE OF BIRTH MONTH July 13, 1892	6. AGE (IN YEARS LAST BIRTHDAY) 95 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS		
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penna.	76 CITIZEN OF WHAT COUNTRY?		Baltimore CITY OR COUNTY	TY OF DEATH		
O CITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS! rgreen Nursing Hom	170 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING Homemaker.	176 KIND OF BUSINESS OR INDUSTRY		
SUAL RESIDENCE IN NUI SHOME OF THE COURSE OF		VN 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COI 301 Barks Da			
Ambrose	MIDDLE Wirth	15. MOTHER'S MAIDEN N. FIRST Emma	AME	Lichty		
WAS DECEASED EVER IN U.S. AF (ES. NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECTION	_	1085 ADDRESSJop Bauer 301 Bark	patown, Md. s Dale Rd.		
PART I. DEATH WAS CAUSI	nly one cause per line for (a), (b) ED BY: TE CAUSE (a)	ute Carshopplum	m Feilm	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which	DUE TO, OR AS A CONSTOU	ence of enalized and	iniselusia .	yeur		
gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	ENCE OF		V		

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPE ATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

DEGREE

73¢ NAME OF CEMETERY OR CREMATORY

P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY

211. LOCATION

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (I) (this part) attended the deceased from sow the deceased alive an obave, (I) (we) (did not) view the body ofter death.

CITY OR TOWN and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226. SIGNATURE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

220 DATE SIGNED

COUNTY

STATE

22d PHYSICIAN'S NAME (TYPE OR PRINT)

Dr. Albert B. Bradley M.D.

236. DATE

4900 Belair Road Baltimore, Maryland

23d LOCATION

1		17	age C	10	B	ur	i	al	
-1	2.4	61.			 100	-	-		

Sep 22 1987

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To I all additional to the state of the stat Service Committee of the Committee of th Survivod Lagrand Adgration and Elica and State 21005 Jopessons, Marie Josephsons, Marie Jopessons, Marie Joyensons, Marie Joyens, Marie Joyensons, Marie Joyensons, Marie Joyensons, Marie Jo up. albert 8. Siedler dio. the the the transfer that the transfer the transfer to the tra

STATE OF MARYLAND 065339 SEP IM DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME TO DATE KNOWN X (TYPE OR PRINT) Frederick Evans DEATH MATED 4 RACE IF UNDER 1 YR 3. SEX DATE OF BIRTH AGE LIN YEARS IF UNDER 24 HRS 2c DATE DAY LAST BIRTHDAY) PRONOUNCED 16 48 39 BLACK DEAD MALE 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED X Baltimore City, USA NC WIDOWED | TO CITY OR TOWN OF DEATH 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION CIF NOT IN SUCH FACILITY GIVE STREET ADDRESS! Bon Secour Hospital Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13c. CITY OR TOWN 136. INSIDE CITY LIMITS? 905 N. MONROE STREET BALTIMORE MD 14 EATHER'S NAME 15 MOTHER'S MAIDEN NAME WITH FORM PM IT. PAGES I AND 2 DIVISION OF VITA MIDDLE FIRST LAST FIRST MAE WILLIAM A. SMITH 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. MAE OWENS 905 N. MONOROE STREET 21217 213-52-3631 NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TRANSIT PERMIT. PART I DEATH WAS CAUSED BY: Septicemia Suppurative Submandibular Infection IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF S CERTIFICATE STONE PENDING" IN PERVISE A RETING THE WORD NEW PENDINGS. EXAMINER A REFE TO THE CHIEF MEDICAL EXAMINER A SE 3 SHOULD BE USED AS A BURIAL - TRANSIT TE DEPARTMENT OF HEALTH AND MENTAL HY TE DEPARTMENT OF HEALTH AND MENTAL HY Chronic Alcoholism Canditions, if any, which EXAMINER gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION Fatty Liver 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET STREET, FACTORY, FARM, ETC 1 CITY OF TOWN WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autonsy Inspection Hamicide Undetermined manner death resulted Aram: TITLE (SPECIFY)

20 AUTOPSY? YES X 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) COUNTY PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 9/9/87 Assistant SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr., M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) ADDRESS_ 230 BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY STATE 9/12/87 BALTIMORE AUBURN CEMETERY MD BURIAL 07/84 756 DATE REC'D BY REGISTRAR 251 REGISTRAR'S SIGNATURE
SEP 1 0 1987 24 FUNERAL DIRECTOR **DHMH - 17** Julia Dandon Pandaca WM. C. MARCH F/H INC. 1101 E. NORTH AVE. (VR A15 ME (5))

26 HOUR

87

10 87

OR INDUSTRY

EVANS

APPROXIMATE INTERVAL

e 0 F 43

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

IMPORTANT. If them 21 is marked or them 18 shows any injury, or oth TO FUNERAL DIRECTOR, After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial.

TO HOSPITAL OR ATTENDING PHYSICIAN. The etoined by the hospital or attending physician.

DHMH - 16 60M 7/B (VRA 15, 4)

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME FIRST	WIDDLE	,	AST		MONTH DA	AY YEAR	2h HOUR
	IRene	EL130	ibeth	Evans		9 10	87	
3 SE	× ,	4 RACE	5. DATE O		6 AGE TIN YEARS LAST BE		IF UNDER 1 YEAR	
	temale	BLK	MONTH	25 26	61	YRS	ONINS DAIS	HOURS MIN.
	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
	VA.	USA	WIDOWE		Ba	Lto. (cty	M
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI		OR OTHER INSTITUTION	12a USUAL OCCUPAT	OF WORKING LIFE		OF BUSINESS O
LISTI.	AL RESIDENCE (# NURSING HOME O	4022 N	. Kodyen	e uve	SATES C	Lekk		4
13a. S	STATE 13b COU	NTY 13L CITY		13d INSIDE CITY LIMITS? YES WO [130 STREET ADDRESS 4022 N.	0 1	er An	e. 2120
14 FA	HER'S NAME HENRY	MIDDLE TINS	ASY	15. MOTHER'S MAIDEN NA	MIDDLE		NA.	SI FC
16a V	WAS DECEASED EVER IN U.S. AF		AL SECURITY NO	17 INFORMANT	ADDR	ESS	7-110	225
	YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 215	-24-2645					
	18 CAUSE OF DEATH (Enter or	nly one couse per line for M	(b) and (c)	1	1	1	BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (o)	1100	LOTOL !	TO BLOOK	_		
	I/W/WEDIA	DUE TO, OR AS	and burgery	1	1 -4	1 -		
	Conditions, if ony, which	DUE TO, OR AS	OFFICE	tie and	amolsed	Caras		
	gave rise to immediate	(b)	ana	and a con	auren un	0	1	
	couse (a), stating the underlying cause last	DUE TO, OR AS A COL	NSEQUENCE OF					
		(c)						
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
CATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	120h JE YES	WERE FINDI	NGS LISED
FIC	The Brite of Greathern	110 00110111011101	THE TOTAL TO	TO THE STATE OF TH		IN CERTIFY	ING CAUSES	OF DEATH?
CERTIFI	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		Tale HOW IN HIRV OCCUR	YES NOW	YES		NO [
	OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c. HOW INJURY OCCUR	TENTER NATURE OF INJU	RT IN HEM IS PAR	CITORPART2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19	AV LOCATION				
MEC	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC)	21f LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	AT WORK AT WORK			1	6	0	(
10	22a.1 certify that (I) (this hasp the deceased alive or	() ()	0,10		, 10 9-	<u></u>		that (I) (wello:
	there, (I) (we) (did) (did no	ot) view the body after death		nd that in (my) (our) opinion	death occurred on the d	ore and hour		
	27E SIGNATURE			DEGREE ATTENDING	MEDICAL STA	te	22c. DATE	SIGNED
	rouce		N	PHYSICIAN [DIRECTOR PHYSIC			
	THE MAN'S NAME (TYPE O	OR PRINT }	//-	22e ADDRESS				
23a E	BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION			-
	BURIAL	9-14-87	Baltin	nore Cem.	Balto		COUNTY	Ma.
24 FI	UNERAL DIRECTOR			25a DA	TE REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNAL	URE
13	eff Miller	H.H. 1639	N. Beo.	alway SE	P 1 5 1987	Julia Da	indus. R	endals

0.0	6		1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND 8 EALTH AND MENTAL HYG ICATE OF DEATH		2 5 G. NO	02	
U b	7 6 9	O OCT	ြစ်	OR PRINT)	Jimy	immy	Conne	11y	Evans	20 DATE OF DEA	TH MONTH	0AY YEAR 25 87	SHA M
	ge 4 mo) ector po	irs after d	3 SE	MALE		4 RACE	note	5. DATE C		6 AGE (IN YEARS L	AST BIRTHDAY) YRS	MONTHS BAYS	
	deoth re	of 22 hou		RTHPLACE (STATE OR COUNTRY) Virginia	FOREIGN	U.S.	A .	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltin Baltin	nore Ci		MD.
101	rs ofter of by the fu	The state of the s	Ba	ITY OR TOWN OF DEA		11. NAME OF	F HOSPITAL, NURSIN UCH FACILITY, GIVESTREET	ADDRESS)	or other institution	12a USUAL OCC	AOST OF WORKING	WEEL INDUSTRY	of BUSINESS OR nginering
AND 212	n 24 hour	and be	Ma	AL RESIDENCE IN NURS STATE aryland	13b COUN	OTHER INSTITUTIO	13t. CITY OR TOW Baltimor	/N	13d INSIDE CITY LIMITS?	38 Seaf	ess / zip co	DDE / 2427	2+21224
MARYL	d the	POC		Themis		T.	Evans,	Sr.	Sally	ΜΕ Μα (Wa.	11ace
TIMORE	be recu	Po pr	16a V	VAS DECEASED EVER YES, NO OR UNKNOWN) Yes		MED FORCES? E WAR OR DATES!	227-40-1	2000	Aubrey L. E	other) i	21 01d Baltimo	re, MD	
PRESTON ST., BALTIMORE, MARYLAND 2120	certificate ing physici	r remaval.		18 CAUSE OF DEAT PART I. DEATH W	H (Enter on /AS CAUSE) IMMEDIAT	Ó BY: E CAUSE (a)_	er line for (a), (b), an	plu	may Arres	+		APPRO. BETWEEN	N ON STANDERS
W. PRESTOR	hat the death by the ottenda	ose remove co	C. Samuel	Conditions, if any gave rise to impeditions to impedit on the course to impedit on the course to the	mediate ng the	(b)_	OR AS A CONSEQUI	mph	oma				
DIVISION OF VITAL RECORDS, 201 W.	requires t	Then ple or to burio injury, or	NOI	PART 2 OTHER SIG	VIFICANT C	ONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM			GIVEN IN PART 1	ła
AL RECO	The low non.	giene prio	CERTIFICATION	190 DATE OF OPERA			DITION FOR WHICH	OPERATIO		200 AUTOPSY YES NO	IN CER	YES, WERE FIND TIFYING CAUSE YES	
Z OF VII	SICIAN ng physic certificati	entol Hy	MEDICAL CE	210 ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	HOUR	P.M.	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE (F INJURY IN ITEM !	8 PART T OR PART ?)	VIII.
DIVISIO	NG PHY offer this	th and M	MED	216 INJURY OCCUR	HILE	(AT HOME	E OF INJURY STREET FACTORY OFFICE F		211 LOCATION STREET	CIT	OR TOWN	COUNTY	STATE
	R ATTENDI hospital or IRECTOR A	d for use t of Heal m 21 is m		22a 1 certify that (1) saw the deceas abave, (1) (we) (ed alive on,	7	19_	87 or	nd that in (my) (our) apinian	death accurred an	the date and h		
	AL D		3	22b SIGNATURE	Lyn	lione				MEDICAL DIRECTOR P	STAFF	22c. DAT	25/87
	etoined by th	should be with the Si		22d PHYSICIAN'S N	Fi	ngel	hood		Frances Sut			946 Eas	kin the Bal
	BP			BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	Sept.	28, 1987		Ple Hill Ceme		t lewoo		STATE
		6 60M 7/84		UNERAL DIRECTOR Capitol Fu	nera1	Servi	ce, Falls	Churc		O 1 1987	1 .	STRAR'S SIGNA	

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Seer. 28, 191% Mewile Hill Camerery, Castlesoon, VA

3111

Orpicol Engount Service, Falls Course, 76 - HER HAL SERVICE STARTS FAR

DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR Wm. C. March F/H West 4300 Wabash Ave

9/19/87

ISPECIFY) Burial

231 NAME OF CEMETERY OR CREMATORY Garrison Forest Vet

Owings

Mills

Md

NO [

STATE

26 HOUR

33

IF UNDER 24 HRS

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W PRESTON ST. BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTI	FICATE OF DEATH	REG	NO.		
1. DECEASED NAME	FIRST		MIDDLE		EAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE ON PRINT)	THOMAS	3	Jory	EW	VING	SEPTEMBER	29, 1	987	1:05A
SEX		RACE		5. DATE	OF BIRTH	& AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 H
Male		Whi	te		ch 15, 1941	46	YRS		AOURS M
O. BIRTHPLACE (STATE		6 CITIZEN OF	WHAT COUNTRY?		ED MEVER MARRIED	9 BALTIMORE CIT BALTIMOI	_		
Maryland CITY OR TOWN OF				G HOME	OR OTHER INSTITUTION	12a USUAL OCCUP			OF BUSINESS
BALTIMORE		THE JO	HAS HOPKI	NS HO		Restaur		LIFE INDUSTRY	
ISUAL RESIDENCE (# 30 STATE Maryland	13b COUN	TY	13c. CITY OR TOWN Chester	N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRE	ss / zip co Box 44	DDE 216	519
FATHER'S NAME FIRST Tho	mas Ray	mond Ew	ing		15 MOTHER'S MAIDEN NA	MIDDL	ž.	LA	ST
60 WAS DECEASED E			166 SOCIAL SECU	RITY NO.	17 INFORMANT	AD	DRESS	7,77	
NO NO OR UNKNOWN	I) (IF YES GIVE	WAR OR DATES)	217-42-7	306	Kay N. Ewing	g sam	e as a	bove	
TIS CAUSE OF D	FATH (Enter and	v one couse bei	line far (a), (b), and	Lieu				APPROX	ONSET AND DEA
PART I. DEAT	H WAS CAUSED	BY.	Cordoress		Sur +			78	mia
	IMMEDIATI	CAUSE (o)	7		/				
gave rise to cause (a), 5 underlying co	tating the ouse last.	(10)_	R AS A CONSEQUE	1 po	T NOT RELATED TO THE TERM	ance	ONDITION (GIVEN IN PART 1	yes
NO DATE OF OP	EDATION:	TION COND	ITION FOR WHICH	OBERATIO	ON WAS PERFORMED	20a AUTOPSY?	205 45	YES, WERE FINDI	NOSTIGED
190 DATE OF OPI	ERATION	198 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES NO	IN CER	TIFYING CAUSES	
A		"	DE INJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM T	8 PART I OR PART 2)	
TO CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCC WHILE NO AT WORK A	OT WHILE TO WORK		OF INJURY REET, FACTORY OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY O	R TOWN	COUNTY	STATE
sow the dec above, (I) (w	eo alive on veyidid) Nid nat		e deceased fram 19 19 19	Ser.		, ta, death accurred an th	+ 29 e date and h		that (I we)
22b. SIGNATURE	3,6	5 5	Elte		DEGREE ATTENDING PHYSICIAN [MEDICAL S	STAFF YSICIAN	224 DATE	29/8
224 PHYSICIAN			ZER, N	17	27e ADDRESS	1			
130 BURIAL, CREMATIO	ON, REMOVAL			IAME OF	CEMETERY OR CREMATORY	23d LOCATION	7	COUNTY	STATE
Buri	.al	10/01/	87 st	even	sville Cemeter	ry Steven	sville	Q.A.	MD
4 FUNERAL DIRECTO	R					TE REC D BY REGISTE	AR 25h REG	BTRAP'S SIGNO	HILL
Tom Helfen	bein Fur	neral H	ome. Ches	ter.	MD 21619 UG	02 7987.	June	ymigon-il	

Chester, MD 21619

DHMH - 16 60M 7/84 (VRA 15, 4)

Tom Helfenbein Funeral Home,

TO MOSPITAL OR

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mentel Hygiene prior to burial, at

IMPORTANT: If Hem 21 is marked or Hem 18 sers ony

OCT OR BEF

F-855 34

Dundalk -> Duda' Ruck Funeral Home

poge 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	REG. NO.				
	20 DATE OF DEATH MONTH	7	YEAR	25 HOL	185 P
Ī	6 AGE (IN YEARS LAST BIRTHDAY)	IF UND	ERIYEAR	IF UNDER	ZAHRS
	7/	MONTHS	DAYS	HOURS	MIN

- 03 To BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY?

MIDDLE

MARRIED NEVER MARRIED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

BALTIMORE CITY OR COUNTY OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

USUAL RESIDENCE (# NO COUNTY

13c_CITY OR TOWN Randallstown YES []

166 SOCIAL SECURITY NO

134 INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

21133 13e STREET ADDRESS / ZIP CODE 8622 DOVEDALE KOAT

Baltimore FATHER'S NAME MIDDLE Henry Shaw

FIRST 17 INFORMANTRandallstown

BREAST

Shaw ADDRESS MD 21133

Joseph Farace 8622 Dovedale Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

HOMEMAKER

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) METASTATIC DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating the

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

200 AUTOPSY? NO 21c HOW INJURY OCCURRED

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

21e PLACE OF INJURY AT HOME STREET FACTORY DEFICE FARM ETC.)

LIVER METASTASIS, DRAW METATASIS - SLOT @ ADDRE

CITY OR TOWN

AT WORK 22a | certify that (1) this haspital attended the deceased from_ sow the deceased olive on 9-20
abave. Dwe (did) 3d not very the bady after death

DEGREE

9-20 19 P7_, that (1) (we) lost .19 87. ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated

22h. SIGNATURE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MA 22s ADDRESS

22c. DATE SIGNED 9-21-57

Z434 W. BEWESERE ME. 23c NAME OF CEMETERY OR CREMATORY

211 LOCATION

5299 STATE

21215

STATE

(SPECIFY) Burial

23e BURIAL, CREMATION, REMOVAL

MPORTANE

DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE REGISTRAR

(TYPE OR PRINT)

3 SEX

SED NAME

Stella

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

underlying cause last.

236 DATE 9-23-87

Woodlawn Cemetery

Woodlawn Baltimore 250 DATE REC'D. BY REGISTRAR 256 DEGISTRAR'S SIGNATURE SEP 22 1987 Spiller Danisher. R

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 8728 Liberty Rd. Randallstown, MD 21133

CITY OF LOWN

MD Gulia Dasidson-Randale

A STATE OF THE STA

65871 SEP 16 87 STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE EDICAL EX AMINER'S CERTIFICATE OF THE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		I. DEC	CEASED NAME	FIRST		MIDDLE	,	LAST		20 DATE KNOW	HTMOM T	DAY YE	AR Zb HOUF
	2000 H			Doroth		M.		aulhaber		DEATH MATE	D D 9	10 19	
	A SECTION	3 SEX	4 RACE	5	DATE OF BIRTH		(IN YEARS IF U		NDER 24 HRS	PRONOUNCED	MONTH		TEAR 18 HOUR
	ANY VOU			ite	7 21		1 YRS.			9. BALTIMORE C	9	10 19	
ъ.	15898EE	FO	RTHPLACE (STATE OR REIGN COUNTRY)		CITIZEN OF WA	AI COUNTRY?		RIED X NEVER A				T OF DEAT	п
-	March L	10 CT	laryland	H # 11	USA L NAME OF HOS	DITAL NURSING		WED DI	VORCED L	Baltimo:		12h KIND C	F BUSINESS
3	PAGE	1	Baltimore		Francis	Scott Ke	y Medic	cal Cente	FO	R MOST OF WORKING LIF DUSEWIFE		OWN H	USTRY
201	SCHOOL STREET	13a S	L RESIDENCE (IF IN HURS	Sh COUNTY	THER INSTITUTION, GIV	13c. CITY OR TO		136 INSIDE CITY LIM		REET ADDRESS			
0.21	《《是是里》		laryland	Balt	imore	Dundal	k			7538 West	field Ro	oad 2	21222
NE.	E-50 A	77	THER'S NAME	N	AIDDLE	LAST		15. MOTHER'S A		AE MIDDLE		LAST	
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3	15 T		No I	1/5 4 1		212-22		Andre	WE. Fa	aulhaber	/538 Wes		MATE INTERVAL
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O	See See			IMMEDIATE (AS A CONSEQUE		IOII WIGI	me as	шэсэ			
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×.	N PENC XAMINI AL-TRA MENTA N, OR R		gove rise to in couse (a) stating t		DUE TO, OR	AS A CONSEQUE	NCE OF						
201	EXA IN P		lying cause lost.		(e)								
RECORDS, 201	E EXECUTION OF THE AND		PART 2 OTHER SIGNIFICANT (CONDITIONS CON	TRIBUTING TO DEATH I	UT NOT RELATED TO TH	NE TERMINAL OISEA	SE OR CONDITION GIVE	N IN PART 1 (a)			-	
0	ULD BE EXE "PENDING" FF MEDICAL ED AS A BU HEALTH AN AL, CREMAT	NO											
L RE	HIEF NEED AND SEED AN	CERTIFICATION	19a DATE OF OPERAT	ION	19b. CONDIT	ION FOR WHICH	OPERATION V	WAS PERFORMED	?			20 AUTO	PSY?
N N		Ē	and the second		1000							YES	□ NO 😡
DIVISION OF VITAL	FICATE SI THE WO TO THE COULD BE RATMENT		UNDERLYING O		21h TIME OF HOUR A.M		YEAR 21c H	IOW INJURY OCC	URRED (ENTE	R NATURE OF INJURY IN I	IEM 18 PART T OR PAI	RT 21	
ON	SHOUND SHOULD ARTHRICA	KAI	CONTRIBUTING	AUSE OF DEA			19						
N N	日中田をある	MEDICAL	VHILE NOT W	ED VHILE		PF INJURY (AT HO DRY, FARM, ETC.)		STREET		CITY OF TOWN	coi	UNTY	STATE
Ω	THIS C WARD WARD PAGE TATE D		WHILE NOT W	ORK									
	ATE S	-8	22a. I certify that	Charge g	f the remains desc	ribed above, held	an Auto	psy , Inst	pection	Inquiry X	ond in my op	oinion	
	AMIN RTIFIC D BE F NITH THE RRYLAI		deoth resulted from	Natural	country [X]	Accident .	Suicide	, Homicide	Unde	etermined monner			
	WAR WAR		ACTUAL	16.1	1/1	Ma		TITLE (SPECI	,		DATE		
	WEDICAL EXAMINATION THE CERTIFICATION TO THE CERTIFICATION TO THE PROPERTY WITH MORE, MARY		SIGNATURE	yun	1	UV	^	A.D. ASSIST	ant ME	DICAL EXAMINER	SIGNE	D 9/	11/87
	MEDIA SE 4 S FUNE FINE TIMO	-	EXAMINER'S NAME	Ch	arlar D	Voltoc	MD		111 Do	nn Ct	Da	1 to MT	
	TO ME EXECUTED PAGE TO FUT A FTER I	22- 04	(TYPE OR PRINT)		arles P.			ADDRESSOR CREMATORY	111 Per	OCATION	Ba	lto.MI).
		(5	PECIFY Burial	WOAM 128	9-14-87		lly Hil		CII	Baltimore	Marvl	_	STATE
07 °84 25M	BP	24- FI	INERAL DIRECTOR	Duda-1	Duck Frim	aral Hom	e of Du	Incall K 25e. r	DATE REC'D.	BY REGISTRAR 25h	REGISTRAR'S S	IGNATURE	
	DHMH - 17 (VR A15 ME (5))	11	NAME	7922	Wise Ave	. Dundal	k, MD 2	1222 S	EP 1 5	1987 8	ulia Devid	er. Kan	(all)



L			FOR STATE			STAT EPARTMENT OF H		MENDAL HY	GIENE 2	5 0	3 0	
66	6 4 Z SEP	LDE	REGISTRAR CEASED NAME 87 (4 RA)		DATE OF BIRTH	T. F	'aulkner	U	20. DATE I OF DEATH	ESTI-	MONTH DAY	YEAR 75 HOUF
	SSAM, PRESIDENCE PROPERTY OF THE PROPERTY OF T	7s. Bi	nale t	lack	12 18 CITIZEN OF WHA	1953 33 YRS	MONTHS DAYS	HOURS A	PRONOUN DEAD		19 COUNTY OF	1987 9:00
	PAGE STAN	1)	Md TY OR TOWN OF DE Baltimore		USA NAME OF HOSP USINAI HO	ITAL, NURSING HOME,	WIDOWED -	DIVORCED	□ Ba	Itimore ATION (TYPE OF ING LIFE) Oyed	WORK 12b. KI	MI IND OF BUSINESS IR INDUSTRY
,21200	F ANY DE RETAIN SHOULD B GECORD	13a. S	Md Md	URSING HOME OR OTI 13b COUNTY	HER INSTITUTION, GIVE	residence before admission laccity or town Baltimore	13d INSID		3 STREET ADDRE		hts Av	215 enue
ORE, MC	A PROPERTY OF THE PROPERTY OF	W	THER'S NAME 1 1 Tam VAS DECEASED EVE		PPLE H.	Braxton	G1	HER'S MAIDEN BRANT	NAME M	ADDRESS	Faul	kner
SALTIM	A MARIE AND A MARIE AND A MARION WISHON	()	es, no. or unknown)	(IF YES, GIVE WAR		213-64-531		salind M	cGill 3	510 Luc	ille A	venue
RECORDS, 201 W. CHESTON ST.	BE EXECUTED VITHING HOUSE IN PENCING IN PENCING A SENDING I PREMIT S A BURBLE I PRANSI I PERMIT REMAINS IN PERMIT REMAINS OF REMOVAL	NO	Canditions, if gave rise to cause (a) statin lying cause las	WAS CAUSED BY IMMEDIATE C any, which immediate ig the under-	AUSE (0) Fat DUE TO, OR A DUE TO, OR A	or (a), (b), and (c).) ty liver AS A CONSEQUENCE O COHOLISM AS A CONSEQUENCE O	F	TION GIVEN IN PART 1	(a)		863	WEEN ONSET AND DEATH
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•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WEAGE 4 SHOULD BE FORWATE FORWATER DEATH, WITH THE STAB BALTIMORE, MARYLAND, 21:		220 I certify that death resulted fro	Motoral co	ouses X.	ribed abave, held an	AS TITLE AS	(SPECIFY) SSISTANT	, Inquiry Undetermined ma	nner ,	3101125	-20-87
	TO PAGE TO PLEA	23a.B	(TYPE OR PRINT)	REMOVAL 236. D	DATE	e,Jr.,MD	ETERY OR CREMA	TORY	n St.,Ba 23d LOCATION Randall		COUNTY	°Md
07/84 25M	DHMH - 17 (VR A15 ME (5))		Bur		9/24/87 est 4300	King Memo			23 1987	256 REGISTE	Deviden.	TURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

REGISTRAR I. DECEASED NAME MIDDLE LAS1 2a. DATE OF DEATH MONTH 26 HOUR FIRST LIVPE OR PRINTS 81 eatherstone 400 205 M SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR DAY 70. BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED DICTING OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPS ON WORK FOR MOST OF WORKING LIFE) INDUSTR USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 130 STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 2405 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDIE MIDDLE **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: west IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a), stoting the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS DEATH BUI NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to NO COLIN CERTIFICAT 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERA 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ve)cepha YES [NO YES [NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STREET CITY OF LOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 8-220.1 certify that (1) (this haspital) attended the eceosed from 5 19.07 saw the deceased alive an above, (I) (we) (did) (did not view the bady of e , and that in (my) (aur) opinian death accurred an the date and hour and from the causes stated 975 SIGNATUR DEGREE 22c. DAJE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 221 PHYSICIAN'S NAME (THE DEPL 22e ADDRESS 23d LOCATION 130 NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236 DATE MINTATE ISPECIFY! WOODLAWN COUNTY 9/26/8 WOOD! AWN CEMETERY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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PORTANT

24 FUNERAL DIRECTOR

be dete FUNERAL

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STATE OF MARYLAND) 66 1 56 SEP 18 8 OSTRAR REG. NO HASED NAME DATE KNOWN (TYPE OF PRINT) ESTI-Delores DEATH MATED 10 Lou Fee 4 RACE IF UNDER 1 YR. IF UNDER 24 HRS DATE 2:07 PRONOUNCED 1.87 DEAD 10 White Nov. BALTIMORE CITY OR COUNTY OF DEATH MARRIED INEVER MARRIED PORTICAL CITAL NUMBER 1 Pennsylvania Baltimore City WIDOWED DIVORCED ID CITY OR TOWN OF DEATH OR INDUSTRY 5100 Blk. Falls Rd Baltimore Nursing Aide Health 1912 Sulgrave Ave 21209 136 COUNTY Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Flick Ryan LUCY 17 INFORMANT Guthrie 166 SOCIAL SECURITY NO. 166-24-4765 Leo B. Fee, SR, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) THIS CERTIFICATE SHOULD BE DEFENDED WANTING THE WORD "THOUGH SHOULD BE USED AS A BUT AGE 3 SHOULD BE USED AS A BUT SHOULD BE USED AS A BUT SHOWN TO BURIALLY CHEWALL 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR AND MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XX OR CONTRIBUTING CAUSE OF DEATH 1:40P.M. 9 Pedestrain struck by auto 2 IE PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) 5100 Blk. Falls Rd, Balto. street PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P. AFTER DEATH. WITH THE ST BALTIMORE, MARYLAND, 2 Inspection death resulted fram Hamicide Undetermined manner TITLE (SPECIFY) MD Assistant MEDICAL EXAMINER 9/11/87 SIGNATURE EXAMINER'S NAME ADDRESSILL Penn St. Charles P. Kokes, M.D. Balto.MD. TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY

07/84 **DHMH - 17** (VR A15 ME (5))

Cremation 9-14-1987 24. FUNERAL DIRECTOR

Westview Crematory

23d LOCATION

Winters Lane, Baltimore 21228

Burgee-Henss Funeral Home, Baltimore, Md.

SFP 1 7 1987

a Devideon Randall

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

06483

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH

· -8	DECEASED NAMI	FIRST		MIDDLE	í.	AST	*	20. DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
	(TYPE OR PRINT)	Jenni	e	М.	FEFF	EL			9	287	1:15
3	. SEX	-	4 RAÇE	,	5. DATE C	F BIRTH		6 AGE (IN YEARS	LAST BIRTHDAY	IF UNDER I YEA	
	F		who	Le	Aug.		YEAR 89	98	Ve	MONTHS DAYS	HOURS
60 07	O. BIRTHPLACE	TATE OR FOREIGN	Zh CITIZEN OF	WHAT COUNTRY?	8				CITY OR COU	NTY OF DEATH	
10 P	COUNTRY					D NEVER MA					
D -	Mary.		USA	HOSPITAL, NURSIN	WIDOWE		ORCED	Baltin	ore Cit		OF BUSINES
4/1	- CITT OR TOWN	OFDEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		UTION	TYPE OF WORK FOI			
PE C	Baltim			. Agnes F		al		Home	naker		
	USUAL RESIDENCE 130. STATE	13b COU		13c. CITY OR TOW		134 INSIDE CITY	LIMITS?	13e. STREET ADD	RESS		
見り	Maryla	nd .		Baltimor			10 🗆			rd Stree	t, 21:
ball	4. FATHER'S NAME		WIDDLE	LAST		15. MOTHER'S A	AAIDEN NAA	NE .			
100	Josei	oh	M	Lulie		Vic	toria	M	IDDLE	970	man
0 1	60. WAS DECEASE			166 SOCIAL SECU	RITY NO.	17 INFORMAN			ADDRESS	2000	TITLE I
7/	NO OR UNKNO	OWN) (IF YES, G	IVE WAR OR DATES)	216-54-6				ardon	207 6	Pontalou	Ctra
1						Lawara	J. SII	ardon,	307 5.	Bentalou	
9	18 CAUSE O	F DEATH (Enter of ATH WAS CAUS	nly one couse pe	the focal, (b), and		. 1 4				BETWEEN	NUMBET AND D
		IMMEDIA	TE CAUSE (o)	PNE	040	NIA					
ry, or		ER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE O	r condition	GIVEN IN PART	10
. c	ě										
The son	NO DATE OF	OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORM	MED	200 AUTOPS		YES, WERE FIND RTIFYING CAUSE YES [
8 %	210. ACCIDENT	WAS UNDERLYING [OF INJURY	AY YEAR	21c HOW INJU	RY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM	18 PART I OR PART 2)	7.3
E	OR CONTRIBUTE	NG CAUSE OF DE	AIR	.M. MONTH DA	19						
5	(IF EITHER NO 21d. IN JURY C		21e PLACE	OF INJURY		211 LOCATION	1		TY OR TOWN	COUNTY	ST
Pex	WHILE AT WORK	NOT WHILE	(AT HOME S	TREET, FACTORY, OFFICE_F	ARM, ETC.)	STREET		C	IT OR TOWN	COUNTY	517
30.			utal) attended t	he deceased from_	8	23	10 87	10 G'	1	1087	, that (I) (w
.s		deceased alive a	0//	10	87	,	. ,	enth occurred a	n the date and	hour and from th	
B 2	abave, (I) (we) (did) (did n		y ofter death.			, • p		doic dild		- 5%
f he	226 SIGNATI	JKE	0 X	-		DEGREE	TENDING	MEDICAL	STAFF V	22c. DA1	ESIGNED
5	-	Tope	100	*0 - X	_	PH	YSICIAN [DIRECTOR		91	110
TA /	22d. PHYSICI	SHAME THE	CEMING	1		220 ADDRESS	,	,	1	3 11	
IMPORTANT: I	12 H	AEL	LAC	1-0		SY	AGN	ES TI	05%	DAHIN	UNE
₹ · 7	730. BURIAL, CREM.	ATION REMOVA	L 23b. DATE	73c N	NAME OF C	EMETERY OR CR	EMATORY	123d LOCATIO	N.		
· ·	(SPECIFY)	rial	9/5/8			Park Ce		CITY OR 1	OWN	COUNTY	Mary
_	24 FUNERAL DIREC		3/3/0) / I IX		*********				GISTRAR'S SIGNU	- 4
/B1	NAME		-	ADDRESS		21229	APP	10 A AM	DI REC	Devidon-	andelle
1	hubbard .	runeral	Home, In	nc., 4107	WILKE	ens Ave.	SEL	114 148	June 3	Industrian	

DHMH - 16 60M 7/84

(VRA 15, 4)

14 FUNERAL DIRECTOR COBERT SEVERNA PARK, MD.

Glen Haven MEm. Park

Gien Burnie, A.A.

MT:

BY RECISION REGISTRAR'S SIGNATURE POLICE

And be to

STS 11 03

	6
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	5 5
7	3
ow requires that he doubt cer ficate be executed within 24 hours after death. Page 4 may be	2
eroined by the hospitor of directioning propagation. TO SINEPAL DIRECTOR After this certificate has been somed.	Ŀ
should be detached for use as the buriol-transit permit. Then please remove conhomopers. Pages If and 2 should be field written 27 haurs offer draft with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.	SF
IMPORTANT: if from 21 is morked or freez, 18 shows ony injury, or ather traumatic event, the medical seaming he roll about	p
3234300	11

* STATE REGISTRAR DECEASED NAME STIFFE CHERRING

BIRTHPLACE

DEPAR	STATE OF MARYLAND STATE OF HEALTH AND MENTAL HYC	GIENE 2 5	0 0 0	
VN	FIEIDS	20 DATE OF DEATH 9	-6-87	3 2 Say
u	S DATE OF BIRTH	67	DAT) RUNGER LYEA MONTHS BATS	the state of the s
S . A	MARRIED DEVER MARRIED WIDOWED	BALTIMORE CITY OR	COUNTY OF DEATH	MD.
ACHITE ONE THE	ING HOME OR OTHER INSTITUTION	ITTER WORTER WOST OF		OF BUSINESS OR
IL CITYOR TO	WIN 13d INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS	ZIP SODE INC	18 Ave
and"	15 MOTHER'S MAIDEN NA	THE TOOLE		AST
220-	12-7)00GERALL	DINE FIELD	S FALLS PK	MYNNS WY ZIZIG
ne far (0), (b), o	A second		2 A	NONSET AND DEATH
as a conseon	VENCE OF Adeno	avenour.	11	Yeur
as a consequ	UENCE OF			
Person	DEATH BUT NOT RELATED TO THE TERM	alletes	THON GIVEN IN PART	Coli
ON FOR WHIC	HOPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND	

underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS 8-11-87 196 CONDI

Quelent Halloca 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRAUTED CAUSE OF DEATH P.M LIF FITHER NOTIFY MEDICAL EXAMINER

21e PLACE OF INJURY

(AT HOME STREET FACTORY, OFFICE, FARM ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

211 LOCATION

CITY OR TOWN STATE

YES [

22s.1 certify that (1) (this haspital) attended the deceased fram ve) (did (did not) view the body after death

3 WENDOL

MIDDLE

IF YES GIVE WAR OF DATES!

IMMEDIATE CAUSE (0)

Th CITIZEN OF V

NIME OF H

DUE TO, OR

DUE TO, OR

(b)_

ATTACK DISTOREGA

WOR TOWN OF DEATH

No

CERTIFICATION

MEDIC.

USUAL RESIDENCE IN MUNSING HOME OF OTHER

Conditions, if any, which

gave rise to immediate couse ion, stating the

21d INJURY OCCURRED

AT WORK AT WORK

WAS DECEASED EVER IN U.S. ARMED FORCES

18 CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY

ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN

and that in (my) (our) opinion deoth occurred an the date and have and fram the causes stated

NOL

22c DATE SIGNED

NO [

MARK LEVINE

SECOUKS

23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DAJE ARBUTUS MEM.

23d LOCATION

BALTIMORE, MO. 250 DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

2501 GWYNNS FALLS PKWY. BALTO, MO. 21216

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

SE# 1 G

) C 7 L L C . cor	1.1.	FOR STATE REGISTRAR	DEI	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO IFICATE OF DEATH	GIENE 8 / REG. NO. 2	5637		
JOI4 16 UCI		SED NAME FIRST	MIDDLE	7.7	LAST TRACET	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
oge deot	_				FILIPPOU	SEPTEMBER 28	M		
ge 4 mc ectar, p	3. SE	x Male	4. RACE White	S. DATI	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 74 YRS.	IF UNDER LYEAR IF UNDER A HRS		
Pog dir		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	VTRY?	IED TO NEVER MARRIED	1. BALTIMORE CITY OR COUNT	TY OF DEATH		
n 72		Greece	U.S.A.	WIDO		Baltimore Ci	ty MD.		
by the for	I	ITY OR TOWN OF DEATH Baltimore	Church Hos	iursing Homi estreet Addressi pital	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY Teacher School			
AND 2120 n 24 hours filled in by hould be full	13a Ma	AL RESIDENCE (IF NURSING HOME O STATE 13b. COLI Bryland	NTY 13c. CITY O		YES S NO		e Avenue 21205		
MARYL red within		ATHER'S NAME Kallistos	Filip	pou	is mother's maiden na First Maria	MIDDLE	LAST		
oe execu		WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI NO		L SECURITY NO 42-3418	Mrs. Mariant	hi Filippou, 525 Baltin	5 N. Luzerne Ave nore, Md. 21205		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours a rathending physician. Viter this certificate has been signed by the attending physician and certificate by sitely as the burial-transit permit. Then please remove carbonopapers. Pages 1 And 2-should be filled in by the and Mental Hygiene priar to burial, cremation, or removal.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	ED BY: RE TE CAUSE (o) RE DUE TO, OR AS A CON (b) CE DUE TO, OR AS A CON (c)	SPIRAT SEQUENCE OF REBROV SEQUENCE OF	ORY FAILURE		APPROXIMATE INTERVAL BETWIEN OMSET AND CEATH		
ecorps, 2) ow requires been signe mit. Then p prior to bur ony injury, (CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR V			ES, WERE FINDINGS USED			
TAL RE Icion. The loss sit per girenes	E					37 1	YES NO		
SION OF VITA PHYSICIAN: The ending physicio this certificansi the burial-transit and Mental Hygie d or frem 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONT	H DAY YEA	R	RED (ENTER NATURE OF INJURY IN ITEM 18	8. PART 1 OR PART 2)		
DING PHY: or attendin After this is as the bu	MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, I		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE		
ortol o ortol o TOR. A for use of Heol			ortal) attended the deceased on a part of the deceased of the party of the deceased.	Trom		death occurred on the date and his			
ITAL OR A) by the hosp RRAL DIREC detoched is detoched is detoched is detoched.		276. SIGNATURE COMPANY SIGNATU	ma n	sup p		MEDICAL STAFF DIRECTOR PHYSICIAN	270. DATE SIGNED 87		
TO HOSPITAL retoined by the TO FUNERAL should be detoined with the State IMPORTANT: H		BEENA NAG				RCH HOSPITAL (ADWAY BALTIMO)			
D 5 5 4 3 3	23a	BURIAL, CREMATION, REMOVAL		23c. NAME O	CEMETERY OR CREMATORY	234 LOCATION CHY OR TOWN	COUNTY STATE		
BP		Burial	10-1-87	Oak L	awn Cemetery	Baltimore	Baltimore Md.		

74 FUNERAL DIRECTOR
Anna . Matthews, Matthews Furgeral Home
3021 Eastern Ave., Baltimore, Md. 21224

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

BP_ DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

1	5 6	FOR STATE REGISTRAR		DEPARTM		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		
h	1. DE	CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	11	RUTH		ILSE		FINCH	SEPTEMBER 23.	1987	5:178.M
	3 SEX	Х	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
		FEMALE		CASIAN		OBER 25,1919	67 YRS		
	7a. BI	IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVERMARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
1		GERMANY		5.A.	WIDOW		BALTIMORE CIT		MD.
0	В	ALTIMORE	2135 I	BOLTON ST	REET	OR OTHER INSTITUTION 21217	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	INDUSTRY	HOME
5		AL RESIDENCE (IF NURSING HOME O STATE 136 COUI ARYLAND	ROTHER INSTITUTION NTY	BALTIMO		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COL 2135 BOLTON ST	Œ	1217
)	14. FA	ATHER'S NAME FIRST MARTIN	MIDDLE	SCHUSTE	R	15. MOTHER'S MAIDEN NAME FIRST HANNAH	ME	HABE	LHOHN
		WAS DECEASED EVER IN U.S. AF	166 SOCIAL SECU		17 INFORMANT	ADDRESS	THE COLUMN	Ziroini	
		VES. NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)	212-52-38	834	STEVEN L. I	FINCH 2135 BOLTO	N ST. 2	1217
		IB CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	D BY:	line for (andb), one	dien (11)	ma of	Ams.	BETWEEN	MATE INTERVAL ONSET AND DEATH
		IMMEDIA	TE CAUSE (o)	an	UCT OF	office of	orway		MANINA
		Conditions, if ony, which	DUE 10, 0	r as a conseque	NCEOF	U			
		gove rise to immediate couse (a), stating the underlying couse lost.)	r as a conseque	NCE OF				
			CONDITIONS CI	ONTRIBUTING TO D	FATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION G	IVEN IN PART I	
	NO O		20.10110113	0111110011110100	20	THE REPORT OF THE TENN	THE DISEASE ON CONDITION O		
)	CERTIFICATION	198 DATE OF OPERATION	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERT	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
	CER	210. ACCIDENT WAS UNDERLYING	110000		V VEAD	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN HEM 18	PART I OR PART 2)	
1	CAL.	OR CONTRIBUTING CAUSE OF DE	Ain	M. MOITH DA	19				
	MEDICAL	214 INJURY OCCURRED		OF INJURY	ARM ETC)	211 LOCATION STREET	CHI OF IOWN	coomite	STATE
	1	AT WORK AT WORK	spice		-	11 11 0	0 100	200	
		22e I certify that (this how sow the deceased alive or	- Table 1	decagned from	25/	ad that in (mg/ (nur) anyon o	, to		that (we) lost
d		obove, (we) (did) (did	view the body	ofter death.	, 0	DEGREEN	dediti occurred on the dore and no	724 DATE	
		Woltone	èly,	6	1	ATTENDING PHYSICIAN	MEDICAL STAFF	9/0	23/82
		1224 PHYSICIAN'S NAME RYPE	nies!	Jr.		Union Men	vorial Hogice	Bal	4 move 21218
	23a E	BURIAL, CREMATION, REMOVAL SBURIAL	9/23/			EMETERY OR CREMATORY N FOREST VETER	RANS CEM-OWINGS	MILLS B	ALTO Mb
		UNERAL DIRECTOR SOL L		& BROS.,	INC.	25a DAT	E REC'D. BY REGISTRAR 256 REGIS		
	6	010 REISTERSTO	WN RD. B	ALTO, MD	21215	SE	P 24 1987 Julio	Deviden	Randale

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

SEP 24

STATE OF MARYLAND

			9
EPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICATE	OF DEATH	

The state of	da	2	0	3	4
REG. NO.					-

	ECEASED NAME	FIRST	A	AIDDLE	l	AST		20. DATE OF DEATH MONTH	DAY	YEAR	26 HOL	
		SHARON		RACHAEL	FI	NK		SEPTEMBER 16			4:2	5 p,
3. S	EX	4	RACE		5. DATE C			6 AGE IN YEARS LAST BIRTHDAY)	IF UNDI	ER 1 YEAR	IF UNDER	MIN.
F	EMALE		WHITE		JUN	E 28,195	D	32 y	RS.	UAIS	HOOKS	Willed.
70	BIRTHPLACE (STATE C	OR FOREIGN 76	CITIZEN OF	WHAT COUNTR	RY? 8	NEVER MARR	IED 🗆	9 BALTIMORE CITY OR COL	JNTY OF DE	HTA		
M	ARYLAND	100	USA		WIDOWE			BALTIMORE C	ITY			ME
	CITY OR TOWN OF D BALTIMORE		(IF NOT IN SUCI	H FACILITY, GIVE STE		OR OTHER INSTITUT	ION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWIFE		DUSTRY	F BUSIN	
130.	UAL RESIDENCE HEN STATE ARYLAND	IRSING HOME OR OF 136 COUNT!	THER INSTITUTION, Y	GIVE RESIDENCE BE 13t. CITY OR TO BALTO	FORE ADMISSION)	138 INSIDE CITY LI	MITS?	136 STREET ADDRESS / ZIP (7423 RICKSWAY			207	
14. 6	FATHER'S NAME					15 MOTHER'S MA	IDEN NAM					
(1)	HENRY		DDLE	LAZARUS	3	FIRST	EUN	ICE	SCHWE	CITZE		
160	WAS DECEASED EVE			16b. SOCIAL SE		17 INFORMANT	ST	UART M. FINK				-
4	WAS DECEASED EVE (YES NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	220-52	1-2784	7423	RICK	SWAY RD. BALT	ro., MD	2]	207	
	Conditions, if or gove rise to i couse (a), sta underlying cou	mmediate ting the	DUE TO, OF	R AS A CONSE	fi sys it	em -	fari	lure_		9	n R	25.
CERTIFICATION					CH OPERATION WAS PERFORMED 200 AUTOPSY? YES TO NOTE THE TERMINAL DISEASE OR CONDITION GIVEN IN 200 AUTOPSY? YES TO NOTE THE THE TERMINAL DISEASE OR CONDITION GIVEN IN 200 AUTOPSY? YES TO NOTE THE TERMINAL DISEASE OR CONDITION GIVEN IN 200 AUTOPSY? YES TO NOTE THE TERMINAL DISEASE OR CONDITION GIVEN IN 200 AUTOPSY? YES TO NOTE THE TERMINAL DISEASE OR CONDITION GIVEN IN					E FINDIN	IGS USE	TH?
	210. ACCIDENT WAS LED OR CONTRIBUTING	21b. TIME OF HOUR A./	M. MONTH	DAY YEAR	21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITE							
MEDICAL		21d. INJURY OCCURRED 21e PLACE (AT HOME STI			CE FARM, ETC)	211 LOCATION		CITY OR TOWN	CO	YTHU		STATE
	obove ((1)) we	(1) (this hospito osed plive on (did))(did not)	Sep)	16 19	9 87.01		Popinion d	to Sent 16 leath accurred on the date and		rom the		-,
	226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								9	DATE 9//	6/8	7
	22d. PHYSICIAN'S	Down	g-Vu			22e ADDRESS	ms-	Hog Kins In	sh tu	hor	5.0	מבמנ
	BURIAL, CREMATION		23b. DATE	200715		EMETERY OR CREM	ATORY	23d LOCATION CITY OR TOWN	COUN			STATE
	BURIAL	9	SEPT.18	,1987	SHAARE	ZION		ROSEDALE	BALT	.0.	MI)

21215

DHMH - 16 60M 7/84

(VRA 15, 4)

74 FUNERAL DIRECTOR SOL LEVING 6010 REISTERSTOWN RD. SOL LEVINSON & BROS.INC. BALTO., MD

SEP 24 1987 Julia Davidson Randus

MINISTRAL

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20 B			
		state fire	
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STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Julia Dividion Randallo

IN U.S. ARMED FOR INSTITUTE ONLY ON EACH OF STREET ONLY ON A CAUSED BY. IMMEDIATE CAUSE DUE 19, which mmediate	LAST FINNAN CES? 166 SOCIAL SEC 217-18- USE PER ING FOR 10 J. S. A. AE OF HOSPITAL, NURS OF HOSPITAL, NURS OF HOSPITAL, NURS HOT HOSPITAL, NURS OF HOSPITAL, NURS H	MARRIE WIDOWE SING HOME SING HOME SOND WINDOWN DIE STANDERS SIND WIDOWN DIE STANDERS SIND WID WID WIDOWN DIE STANDERS SIND WID WID WID WID WID WID WID WID WID WI	28 1923 D NEVER MARRIED D NORCED D NO	BALTIMORE CITY OR CO BALTIMORE CITY 12a USUAL OCCUPATION (179E OF WORK FOR MOST OF WORK SECURITY GUAF 13a STREET ADDRESS / ZIP 620 N. CLINIC MARIE ADDRESS ON (NIECE) 781	PUNDER ITY YRS DUNTY OF DEATH TY IXING LIFE) 174 KIN INDUS DETT. CODE DN ST.	S; OOA SEAR OF UNDER 74 HR AD OF BUSINESS OF FCTIVE AGENCY 21205	
EATH 11. NAM (IF NO BE IGN TO BE IGN	TO, OR AS A CONSED	MARRIE WIDOWE (SET ADDRESS) SHOSP: ORE ADMISSION) WN ORE CURITY NO5882 and (c.)	28 1923 D NEVER MARRIED D NORCED D NO	63 9 BALTIMORE CITY OR CO BALTIMORE CI 170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK SECURITY GUAF 130 STREET ADDRESS / ZIP 620 N. CLINIC ME MARTIE ADDRESS ON (NIECE) 781	YRS WONTHS OF DEATH TY IXING LIFE 176 KIN INDUS DETT.	HOURS MIT HOURS	
IN U.S. ARMED FOR INSTITUTE ONLY ON EACH OF STREET ONLY ON A CAUSED BY. IMMEDIATE CAUSE DUE 19, which mmediate	J.S.A. AE OF HOSPITAL, NURS OF IN SUCH FACILITY, GIVE STRE OHNS HOPKINS LAST FINNAN CES? 16b SOCIAL SEC 217-18-	MARRIE WIDOWS WIDOWS SING HOME SING	D DNORCED DO DNORCED DO DNORCED DO DNORCED DO DNORCED DO DNORCED DNORC	BALTIMORE CI 12a USUAL OCCUPATION (1796 OF WORK FOR MOST OF WORK SECURITY GUAF 13a STREET ADDRESS / ZIP 620 N. CLINTO MARIE ADDRESS ON (NIECE) 781	CODE DN ST.	PROXIMATE INTERVAL	
JOSEPH RIN U.S. ARMED FOR IF YES GIVE WAR OR D. WM II ATH IEnter only one couwas CAUSED BY IMMEDIATE CAUSE DUE Ty, which mmediate	TIN SUCH FACILITY, GIVE STRE WHNS HOPKINS HOPKINS HOTHOR OF RESIDENCE BEFF 131. CITY OR TO BALTIMO FINNAN CES? 16b SOCIAL SEC 217-18- Use per line for (a), (b), (c) 10) CAY OLD TO, OR AS A CONSEO	EET ADDRESS) S HOSP: S HOSP: ORE ADMISSION) DWN DRE CURITY NO5882 and (c',') D UENCE OF	TAL 134 INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NA ROSALIE 17 INFORMANT ROSALIE WILS	SECURITY GUAF 13e STREET ADDRESS / ZIP 620 N. CLINIC ME MARIE ADDRESS ON (NIECE) 781	CODE DN ST.	AGENC 21205 LE FAIVE RD. 212	
JOSEPH RIN U.S. ARMED FOR US YES, GIVE WAR OR D. WAS CAUSED BY IMMEDIATE CAUSE DUE 19, which mmediate	FINNAN CES? 166 SOCIAL SEC 217-18- Use per line for rol, (b), (c), (c), (c), (c), (c), (c), (c), (c	CURITY NO.	YES NO ON THE SMAIDEN NA ROSALIE 17 INFORMANT ROSALIE WILS	MARIE ADDRESS ON (NIECE) 781	ON ST.	21205 LE FAIVR RD. 212 PROXIMATE INTERVAL REN ONSET AND DEA	
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IF YES GIVE WAR OR DI ATH IEnter only one cou WAS CAUSED BY IMMEDIATE CAUSE DUE Ty, which mmediate	use per line for ioi, (b), (b), (c) CAVOLING	ond (c.) O W N DUENCE OF	ROSALIE WILS	ON (NIECE) 781		PROXIMATE INTERVAL VEEN ONSET AND DEA	
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DUE ny, which mmediate	TO, OR AS A CONSEO	DUENCE OF	// //			1 sh	
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2726 SIGNATURE OF B. Wellson NW PM ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							
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DHMH - 16 60M 7/84 (VRA 15, 4)

etained by the haspital ar TO FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

25642

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTIAN STREET	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 have after death. Page 4 may be retained by the hospital or ottending physicion.	TO FUNERAL DIRECTOR. After this certificate has been signed in the mode of the physician and completely filled in by the funeral direction page should be detached for use as the buriol-transit permit. Their center contampapers. Pages I and 2 should be the buriol-transit permit. Their center contampapers. Pages I and 2 should be the buriol-transit permit.	with the State Dept. of Health and Avental Hygiene prior to the months of a removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The leteraned by the hospital or offending physicion.	TO FUNERAL DIRECTOR After should be detoched for use os	with the State Dept. of Health IMPORTANT: If them 21 is man

3 SEP I	B t	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.			
death	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONT			
	(146)	JAMES		FISHER SR.	SEPTEMBER	14, 1987 3:55 P		
	3. SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.		
MALE		MALE	BLACK	7 26 32	55	YRS		
70. BIRTHPLACE (STATE OR FOREIGN 76.			76 CITIZEN OF WHAT COUNTRY?	MARRIED TO NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
3		MD	U.S.A.	WIDOWED DIVORCED	BALTIMORE C	CITY MD.		
22	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	AG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR		
	- 64	BALTIMORE	THE JOHNS HO	PKINS HOSPITAL	N/A	N/A		
25	U5U 130	AL RESIDENCE (IF NURSING HOME O STATE MD 13b COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 130 CITY OR TOW BALTO.	E ADMISSIONI 134 INSIDE CITY LIMITS? YES X NO	136 STREET ADDRESS / ZIP 2036 E. HOFF			
DE CO	14. F/	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WIEDTE	IAST		
ox C		HORRACE	SCOTT	IRÊNE	Misses	FISHER		
edico		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS			
Meo	· '	NO NO	214-30-	3781 VIVIAN FISHE	R 2036 E. HOFF	MAN STREET		
ent, the			nly ane cause per line for (a), (b), an	id ici.)	2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
ven.		PART I. DEATH WAS CAUSI	TE CAUSE (0)	io pylmonasy ar	rest	Minutes		
otic e		WWW.Com	DUE TO, OR AS A CONSEOU	ENCE OF		1		
		Conditions, if ony, which	(b)	Sepsis		hours		
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEOU	ENCE OF ST. /	1 1 2	1.		
		underlying cause last	(c)	Staphylococcu	, endocarditis	20141		
		PART 2 OTHER SIGNIFICANT	1	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	N GIVEN IN PART Tro		
=	CERTIFICATION	Kha						
s ony	CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?		
No.	TE				YES NO	YES NO NO		
(0	-	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 216 HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)		
E China	S. A.	(IF EITHER NOTIFY MEDICAL EXAMINE		19				
5	MEDICAL	21d. INJURY OCCURRED	218 PLACE OF INJURY	FARM, ETC 1 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
	~	AT WORK AT WORK						
is marked			attended the deceased fram_	4-14 1987	10 4-14	, 19		
7		sow the deceased alive or above, (I) (we) did) (did no	n Q - (U 19)	ond that in (my (our) opinion	death occurred on the date or	nd hour and from the causes stated		
E		226. SIGNATUE	0/	DEGREE		220 DATE SIGNED		
		Tollerule	a Heserer 1	MO ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1 9-15-8)		
-		224 PHYSICIAN'S NAME (TYPE		22e ADDRESS	1111 -1			
MPORTANT		treasm	ch un dersnern	10 600 V	WOKE ST	Balto Md 21205		
<u> </u>	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE		
_		BURIAL	9/21/87 M	OUNT AUBURN CEMETER		MD		
A 7/84		UNERAL DIRECTOR	TANO A ADDRESS		SFP 1 8 1987	EGISTRAR'S SIGNATURA dall		
4)	V	M. MARCH F/	H, INC. 1101 E.	NORTH AVENUE	SEP 1 8 1987			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENDAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN S DE ASED NAME OF ESTI-DEATH MATED Leo Fisher 4 RACE IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 2c DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 4:09 12 96 9 Oyrs 18 W 19 BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS MD. U.S.A. WIDOWED DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE) 825 Freeman Street Baltimore BAKER BAKERY JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 13c. CITY OR TOWN 13e STREET ADDRESS 136 COUNTY 13d. INSIDE CITY LIMITS? BALTIMORE MD. YES X 825 Freeman 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST FIRST Medical Examiner ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) THE YES GIVE WAR OR DATES! APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which USED AS A BURIAL - TRAN OF HEALTH AND MENTAL RIAL, CREMATION, OR RE gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BOR NO X TE, WRITING THE WORL
SRWARDED TO THE CH
R: PAGE 3 SHOULD BE U
E STATE DEPARTMENT O YES 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY LAT HOME 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC. STREET CITY OF TOWN PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P,
AFTER DEATH, WITH THE ST,
BA. TH. ORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes X death resulted fram: Homicide Undetermined manner TITLE (SPECIFY) 9/2/87 SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr, M.D. ADDRESS Penn St. Balto, MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 235 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Removal 9-8-87 07/84 74 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR- 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) State Anatomy Board Balto. .



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

	' -	REGISTRAR				CERTIF	ICATE OF DEATH		We	. NO.		1	
-	w . a	CEASED NAME	FIRST	٨	MIDDLE	l	AST	7a	DATE OF DEAT		DAY 78.41	2h. H	OUR
4	1 0	R PRINT)	VERNO	N (GILBERT	F	ITZBERGER			929/	20/87	1	355
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VVIII.		ITY OR TOWN OF	DE ATH		HOSPITAL, NURS I	NG HOME C	OR OTHER INSTITUTION	N 12c	USUAL OCCUP	PATION	12b KIN		INESS OR
)	Ba	altimore	/		n Medical		er atte		store Cle		Gro		
3	USU/	AL RESIDENCE (IF)	NURSING HOME OR		GIVE RESIDENCE BEFOR		1134 INSIDE CITY LIMI		STREET ADDRE		2122		
		aryland	1		Baltimo		YES X NO		00 Light		~_		37
	14. FA	ATHER'S NAME		MIDDIE	LAST		15. MOTHER'S MAIDE		MIDDI				
2		John		Henry	- 1	erger	Fdna			ae		LAST N	ills
		WAS DECEASED ET		MED FORCES?	166 SOCIAL SECT		17 INFORMANT			DRESS			
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1	TE	A SECOND							YES NO		ES 🗌		
1		21a. ACCIDENT WAS		110110 4		AY YEAR	21c. HOW INJURY OF	CCURRED	(ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART	2)	
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Ł		sow the dec	eosed alive on	wiew the body	ofter death.	, or	nd that in (iny) (our) op	oinion deat	th occurred on th	ne date and ha	our and from	the couse	stoted
7		226 SIGNATURE	00	0.1	A	7	DEGREE				22c. D/	ATE SIGN	ED
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		22d. PHYSICIAN'S	NAME (TYPE O	R PRINT)			220 ADDRESS						,
		Gladeu					Deaton N	Medic	al Cente	er			
		BURIAL, CREMATIC	ON, REMOVAL	236 DATE	23с.	NAME OF C	EMETERY OR CREMAT	ORY	23d LOCATION	N	COUNTY		STATE
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, or other traumatic event,

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you wo	3. SE	× _	4 RACE	5 DATE OF BUT	HATERSTON.	AGE LIN YEARS LAST CIR	HDAY) IF UND	DAYS HOL	NDER : HRS
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人的意思	0	WILLIAM	C	ANEY	MABEL	ELEANORA	SHEL	EY	
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physicio npopers. movol.		18 CAUSE OF DEATH (Enter of	inly ane cause per line far (a), (b)	and (c)				APPROXIMATE BETWEEN ONSET	AND DEATH
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e deoth ce tottendin move corb lotion, or troumotic		Conditions, if ony, which		EU MON)	A				
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eque	Ó	(ongestive	Heart to:	have _				1-3	7.7
	S	190. DATE OF SPERATION	196 CONDITION FOR WH	ICH OPERATION WA	SPERFORMED	20a AUTOPSY?	206 IF YES, WER	E FINDINGS I	USED DEATH?
HOSPITAL OR ATTENDING PHYSICIAN: The low- ined by the hospital or attending physician. FUNERAL DIRECTOR After this certificate has build be detached for use as the build-transit perm h the State Dept. of Health and Mental Hygiene pr ORTART: If them 21 is marked or item 18 shows on	CERTIFICATION		7			YES NO NO	YES [0
rSICIAN: The ling physicion. certificate ho uriol-tronsit physical houriol-tronsit physical hem 18 show		210. ACCIDENT WAS UNDERLYING { OR CONTRIBUTING CAUSE OF DE	THOUSE A 14 MONITH	DAY YEAR 21c.	HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	Y IN ITEM 18 PART I OF	RPART 2)	
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DING P or offer the se as the alth one marked		AT WORK AT WORK			727	012		27	
ENDING of or of or		220.1 certify that (I) (this hosp saw the deceased alive o	pital) attended the deceased Iro	V 7	, 19 0 /	death occurred on the do			(I) (we) last
DR ATTEN hospital inRECTOR thed for us lept. of He		abave, (1) (we) (did) (did n 22b. SIGNATURE	ot) view the body after death.	DEGR		seally occurred on the oc	ne and had and a	To the Course	es stated
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	23a l	BURIAL, CREMATION, REMOVA		DOOR HELD		23d LOCATION	LIA COUR	NTY MD	STATE
BP	24.5	BURIAL UNERAL DIRECTOR			CEMETERY	HAGERSTOW			
DHMH - 16 60M 7/84		NAME		OMAC STREE		E REC'D BY REGISTRAR	1 .		-
(VRA 15, 4)	U	ERALD N. MINNIC	CH HAGERSTOWN	, MARYLAND	DEF	8 - 1987	Mulia Dani	dern-Kan	daets

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

	OR PRINT)	MIDDLE		The state of the s		76. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
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e. Bil	THE LACE ISTATE OF FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	RIED NEVER M	ADDIED [BALTIMORE CITY O		OF DEATH	
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	ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	12-05-53	54 Marca	mt Am	offi (day.	her)	Zan 14	GM.
	18 CAUSE OF DEATH (Enter o	nly one couse per line f	or (a), (b), and (c), I	3				APPROXI	MATENTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY:	andiac a	rect				d	
	IMMILDIA		A CONSEQUENCE OF				3/1/1/		
	Conditions, if ony, which	(b)	Ans cand	1 1	-chio-	7		30	lans
	gove rise to immediate couse (a), stating the	DUE TO OR AS	A CONSEQUENCE OF					1	0
	underlying cause last.	DOE TO, OR AS	a dipens	ic chas	V +00			6	rours
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO DEATH B	BUT NOT RELATED	TO THE TERM	INAL DISEASE OR CONI	DITION GIVE	N IN PART 10	0
O	Concas	hip hea	+ fail u-	0					
CAT	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERA	TION WAS PERFOR	MED	20a AUTOPSY2	206. IF YES,	WERE FINDIN	VGS USED
CERTIFICATION						YES NO NO	YES	ING CAUSES	NO [
CER	210. ACCIDENT WAS UNDERLYING		URY MONTH DAY YEA	21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT (OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DE			9					
MEDICAL	214 INJURY OCCURRED	21e PLACE OF IN	JURY ACTORY, OFFICE, FARM, ETC.	211 LOCATIO	N	CITY OR TO	WN	COUNTY	STATE
2	WHILE NOT WHILE AT WORK	CAT HOME, STREET, FA	TONT, OFFICE, FARM, ETC		*				
	220.1 certify that (I) (this hasp			+.6	. 19 87	_, 10_Sept	8 1	987	that (I) (we) last
	saw the deceased alive a above, (I) (we) (did) (did a	th view the body ofter	19 87 U	, and that in (my)	ous) opinion (death occurred the do	ste and hour	and from the	couses stated
	27h SIGNATURE / -	1 100	1111	DEGREE				22c DATE	SIGNED
	Mark	. UEI	1		HYSICIAN [MEDICAL STAF		19/	8/67
	224 PHYSICIAN'S NAME LITTE	OR PRINT)	ck	27e ADDRESS	1 1		~ 11		
	10a-167,	North,	- (for	600	N. W	Ife St.	Ball	6. 1	WD 212
	URIAL, CREMATION, REMOVAL	L 23b. DATE	BE NAME O	F CEMETERY OR C	REMATORY	23d LOCATION		7	
(Specify Burial	9-11-8	7 Cak	Laun (em	eteru	Eastwood	Balte	0.00.1	Md. STATE
	INERAL DIRECTOR		ADDRESS		250. DAH	PECP BY REGISTRAR	250 REGISTR	AR'S SIGNAL	JIRE .
1	rarles S. Zeile	er & Son In	c. 6224 80	istern Av	e. JL	1 1 0 1301	Jula D	Sp. oft.	marco
_									

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or Hem 18 shows any

21229

4107 WILKENS AVE

INC

24 FUNERAL DIRECTOR

HUBBARD FUNERAL HOME.

DHMH - 16 50M 1/8I (VRA 15, 4) BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON CH. MANTIAND 21201	0 6
(6.9)	5
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the deem contribute a executed within 24 hours ofter death. Page 4 may be	0
Tretained by the hospital or attending physician.	7
TO FUNERAL DIRECTOR After this certificate has been signed by the attending physicion and committee the property of the proper	
should be detached for use as the burial-transit permit. Then please remove corbon popers. Pages med 2 med 2 med 2 med 2 med 2 med 3 med	5
at the Course of Mariet and Advanced Microsophy to the company of company	

SEP -	1 - 0 8	FOR STATE SEGISTRAR	DEP /	ARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYGI CICATE OF DEATH	IENE 8 / 2	5 0 4 8		
JUI		CASED NAME FIRST OR PRINT! HERBE	RT F.		RD	20. DATE OF DEATH MONTH DA	87 10:35 PM		
	3. SE)	Male	White	5. DATE O		60 yrs	UNDER LYEAR IF UNDER 24 HRS		
35	N	daryland	U.S.A	MARRIE		Baltimore city	MD.		
42	1	Baltimore /	1. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY GIVES North Charles	Genera	DROTHER INSTITUTION 1 Hosp	120 USUAL OCCUPATION (1) Security Guard	126 KIND OF BUSINESS OR INDUSTRY		
48	13a. S	AL RESIDENCE (IF NURSING JONE OR C TATE 131 COUNT "La.	North Mi	TOWN		u STREET ADDRESS / ZIP CODE 10845 Biscayne Bl	.vd (33161)		
(14)			Ford LAST	SECURITY NO.	15 MOTHER'S MAIDEN NAM		erfey		
ne medico		VAS DECEASED EVER IN U.S. ARM (ES. NO OR UNKNOWN) (IF YES, GIVE	war or Dates) 220–12	-9405		1 - 3505 Roland Av			
event,		IN CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY. META	STATI	c BRAIN	CARCINOMA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
of cremation, or		Conditions, if ony, which gove rise to immediate cause to, stating the underlying cause lost.	DUE TO, OR AS A CONSE		e STATUS	EPILEPTICUS			
injury, o	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 PLEURAL EFFUSION							
how sony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATIO		YES NO YES	VERE FINDINGS USED NG CAUSES OF DEATH?		
Hem 18 s	MEDICAL CE	21d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR		ED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 71		
arked ar	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218: PLACE OF INJURY (AT HOME STREET, FACTORY, OF		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE		
n 21 is m		27a I certify that (I) (his haspital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19							
NT: # He		A-C-Ch	9/4/87.						
MPORTANT			DUVALIT			HARLES GENE	RAL HOSP.		
10	23a B	BURIAL, CREMATION, REMOVAL SPECIFY) Burial			e Park Cem	Baltimore, Ma	ryland State		

DHMH - 16 60M7/84 (VRA 15, 4) A. Alan Seitz Funeral Home 3818 Roland Ave.

SEPO 8 1987. Sura June 1987.

066503 SEP 23 0 STATE REGISTRAR funeral director, page 3 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 hould be detached for use as the burial-transit permit. Then please remove carbon papers. Page with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. TO FUNERAL DIRECTOR. After this certificate has been sign TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	X	4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER
1	EMALE	BLACK	SEPT	16 87		YRS	2
MA	IRTHPLACE (STATE OR FOREIGN COUNTRY) RYLAND	U.S.A.	WIDOWE			RE CITY	
)	BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE THE JOHNS HOPK:	EET ADDRESS)		17a USUAL OCCUPAT K (TYPE OF WORK FOR MOST O		ND OF BUSINE STRY
33a. 1	AL RESIDENCE (# NU UNIS CONT.	PROTHER INSTITUTION GIVE RESIDENCE BEFO 134. CITY OR TO ANNAPOL	WN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 807 CARROL	ZIP CODE LLTON ST.	21403
	ATHER'S NAME ALBERT	PARKER		15. MOTHER'S MAIDEN NAME DIANE	WIDDIE	FORE	EŜTER
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRE	SS	
		inly one couse per line for 101, (b), (ED BY: ATE CAUSE (o) Corollo		atory arrest			PROXIMATE INTER
	12	ar 10m					
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (16) Scalere prematurely							
	Conditions, if any, which	(b) = 1000	1716				
	gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEO	7				
z	cause (a), stating the underlying cause lost.		DUENCE OF		INAL DISEASE OR CONI	DITION GIVEN IN PA	RT 1ra
TIFICATION	cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PA	INDINGS USED
AL CERTIFICATION	cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216. TIME OF INJURY HOUR A.M. MONTH	O DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY2	20b. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED USES OF DEAT NO
MEDICAL CERTIFICATION	cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF DIFFERE	DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216. TIME OF INJURY HOUR A.M. MONTH	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY2	20b. IF YES, WERE FIN CERTIFYING CA YES TO THEM IS PART LORPA	INDINGS USEE USES OF DEAT NO [P
	Cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (16 EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AL WORK AL WORK 220 I certify that (I) (this has saw the deseased alive of	DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICE 21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) Dital) attended the deceased from	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 SE FARM EIC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURE 21L LOCATION STREET	YES NO CHER NATURE OF INJUR	20b. IF YES, WERE FIN CERTIFYING CA YES TY IN ITEM 18 PART 1 OR PA	INDINGS USED USES OF DEAT NO TO STATE OF THE
	Cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (16 EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AL WORK AL WORK 220 I certify that (I) (this has saw the deseased alive of	DUE TO, OR AS A CONSEO (c) 19b CONDITION FOR WHICE 19c CONDITION FOR	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 19 10 10 10 10 10 10 10 10	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURE 21L LOCATION STREET	YES NO SED (ENTER NATURE OF INJURE CITY OR TO to MEDICAL STAF	20b. IF YES, WERE FIN CERTIFYING CA YES TY IN ITEM IB PART I OR PA THE ONLY IN ITEM IS PART I OR P	INDINGS USED USES OF DEAT NO TO STATE OF THE
	Cause (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DIFFERENCE OF DESCRIPTION OF DIFFERENCE OF DESCRIPTION OF DESCRIPT	DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICE 21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) Dital) attended the deceased from	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 19 10 10 10 10 10 10 10 10	NOT RELATED TO THE TERM N WAS PERFORMED 21t HOW INJURY OCCURE 21t LOCATION STREET 21t LOCATION STREET STREET 21t LOCATION STREET STR	YES NO SED (ENTER NATURE OF INJURE CITY OR TO to MEDICAL STAF	20b. IF YES, WERE FIN CERTIFYING CA YES TY IN ITEM IB PART I OR PA THE ONLY IN ITEM IS PART I OR P	INDINGS USED USES OF DEAT NO TO THE

DHMH - 16 60M 7/84 (VRA 15, 4)

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SEP II

nu director, page 3

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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;	87	REGISTRAR		CERTIFIC	ATE OF DEATH	REC	, NO.	4 4	
		EASED NAME FIRST	MIDDLE	LAS		20 DATE OF DEAT	H MONTH DAT	YEAR 21	HOUR
	[TYPE (GEORGE	. 3. 1	ORSY	THE SR	SEPTS	MBERE	1891	M
	3. SE X		ACE	S. DATE OF	BIRTH	6. AGE (IN YEARS LAS			FUNDER 24 HRS
	3	IALS	STIKE	AUG	F. 06.191	7 10	YRS		
И	7a. BIR	THPLACE (STATE OF FOREIGN 76. C	TIZEN OF WHAT COUN	TRY? 8.	NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY O	FDEATH	
	BI	ALTO, MD. 1	1. S. A.	WIDOWED		BALTI	MORE	CIT	Y MD.
0	M CIT	Y OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NU		OTHER INSTITUTION	12a USUAL OCCU		126 KIND OF E	BUSINESS OR
-	BI	ALTIMORE 3	3/23 CLE	ARVIE	V AVE	FEDER	AL RES	ERVE	BANK
1	USUA L13n S	L RESIDENCE (IF NURSING HOME OR OTHE	R INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION	3d. INSIDE CITY LIMITS	? 13. STREET ADDRE	SS Z ZIP CODE		21737
	MA	TRYLAND =	BAL	7110000	YES NO	3/23	CLEAK	VIEW	AUS
7	14. FA	THER'S NAME	15	1	5. MOTHER'S MAIDEN	NAME	LE	LAST	/
-	-	STEPHEN	- FOR	SYTTHE	MAK	24	4	INKN	SUN
1		AS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL	SECURITY NO. 1	7. INFORMANT	AL	DDRESS		
1	{ *	4F5 W.V	VIL 216-6	15-0488	- 1	mill	LOK	05-	
P:		18 CAUSE OF DEATH (Enter only or		o), and (c).)				BETWEEN ON	SET AND DEATH
		PART I. DEATH WAS CAUSED BY IMMEDIATE C		mia				64	elles
			DUE TO, OR AS A CONS	EQUENCE OF	1.1.1.			211	
		Conditions, if any, which	(b) Cl	MIC 7	auure			Julye	lity
		gave rise to immediate cause (a), stating the	DUE TO, ORAS A CON	EQUENCE OF -	1	(P)	. on tata	1011	
		underlying couse lost.	(c) Met	astable	LAYCIN	oma ur	Vilace	1790	ais
	-	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TI	ERMINAL DISEASE OR	CONDITION GIVE	NIN PARTO	
	CERTIFICATION					In autobaya	Table If yes	WERE FINDING	C LICED
7	CA	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	NG CAUSES O	F DEATH?
La	RT				at How buildy occ	YES NO	pro-		№ □
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH		ZIE HOW INJURY OCC	CURRED (ENTER NATURE OF	INJURY IN ITEM 18 PAR	T I OR PART 2]	
1	CAI	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	AU LOCATION				
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C		211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
		AT WORK AT WORK		10					
		22a I certify that (I) (this haspital) saw the deceased alive an	ottended the deceased I	10111	#hot in (my) (pur) ppin	ion death accurred on t		and from the co	
	9	obove, (1) (wet)(did) (did nat) vi	ew the body alter death.		GREE	To death decorred on t	ne date and tiod.	22¢ DATE SI	
		27% SIGNATURE	- / Wille	, , ~		MEDICAL DIRECTOR PH	STAFF	C C	7 1000
	1	224 PHYSICIAN'S NAME NYM OF THE	Company	(se)	22e ADDRESS	DIRECTOR PH	IYSICIAN []	12561	1.21481
		THE PHYSICIAN STRAME (THE CHIM			HE ADDRESS				
		DR. GEORGE F	BESHOU		11P 2YE	105 HVE			
	230 B	BURIAL CREMATION, REMOVAL	36. DATE 10.15-1907	CAPVI	METERY OR CREMATO	RY 23d LOCATION	7/11/15	1301 70	(m) mi
	13	URIAL	181100-1181	MANA	SOOD CET	DATE REC'D. BY REGIS	PARISH DECISTO	AR'S SIGNATUR	RF.
	24 FU	JNERAL DIRECTOR	-W 80	SOONAK	S	EP 1 5 1987		LULIAN - KADA	
	151	YANS CHAPSI	OFI ISMC	RIES K	OAD		0		

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and completely filled in by the functional defeators of the burial-transit permit. Then please remove carbonopers. Pages it and it should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical ekom

STATE OF MARYLAND A DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND CERTIFICATE OF DEATH

2 5 51 6

-5	87	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 2	5651				
		CEASED NAME FIRST	MIDDLE	1	AST		0 -	AR 26 HOUR			
	(ITPE	Howard		Fo	sque	September	27 1987	8:06 A			
- 1	3. SEX		1. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR					
	~	NAIE	Black	MONTH	20 1898	89	YRS	DAYS HOURS MIN.			
7)			Th CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		Н			
	0	REINIA	4.8.	WIDOWE		Baltimor	e City	MD.			
10	_	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME C		12a USUAL OCCUPATI	ION 126 KII	ND OF BUSINESS OR			
9	Ba	altimore	Maryland Gene	ral H	ospital	TYPE OF WORK FOR MOST OF	S WORKING LIFE) INDUS	STRY			
3/	USUA 13a S	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 13c CITY OR TOW	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	21217			
-	MI	ARYLAND	BALTIMO		YES NO	501 Dolp		REET			
1	14. <u>FA</u>	THER'S NAME	AIDDLE 7 LAST		15 MOTHER'S MAIDEN NA	ME					
1		HERRY	+ ASGUE		EL12A	WIDDLE	MOORE	= (ASI			
-		AS DECEASED EVER IN U.S. ARA		RITY NO.	17 INFORMANT	ADDR	ēSS				
1	(Y	ES, NO OR UNKNOWN) (IF YES, GIVE	217-01-9	423	Chart						
1		18 CAUSE OF DEATH (Enter on	y one couse per line for (a), (b), on	dice			AFT!	PPROXIMATE INTERVAL WEEN ONSET AND DEATH			
		PART I DEATH WAS CAUSED									
		IMMEDIATE CAUSE (a) CARDIAC ARREST									
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (
		gave rise to immediate									
		cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF									
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	RT 110			
	Z				a; Dehydration						
-	AT	190 DATE OF OPERATION	196. CONDITION FOR WHICH			WAS PERFORMED 200 AUTOPSY? 206. IF YES,					
1	CERTIFICATION					YES NO.	IN CERTIFYING CA	NO [
	CER	21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR		IRY IN ITEM 18 PART I OR PA	RT 2)			
100		OR CONTRIBUTING CAUSE OF DEA		AY YEAR							
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	19	211 LOCATION						
	W	WHILE NOT WHILE	(AT HOME STREET FACTORY, OFFICE, I	ARM ETC)	STREET	CITY OR TO	OWN COUN	ITY STATE			
)		270 certify thore (1) (this hospital) attended the deceased from September 25, 1987, to September 2719 87, that X (we) lost saw the deceased glive as an tember 27, 1987, and that (MXV) (aux) applies death accurred as the date and how and from the cause stated									
		saw the deceased alive and above, (1) (we) (did was a source)	entember 27 198	7000	nd that iXIMy) (aur) opinian						
		22b. SIGNATURE	n view the bady after death.		DEGREE		224.1	DATE SIGNED			
		a. PLL	ugrath		ATTENDING PHYSICIAN	MEDICAL STA		127/87			
		224 PHYSICIAN'S NAME (TYPE OF	R FRINT!		22e ADDRESS		1	100			
		A. Pflugrath	1		C/O Mary	land Gener	al Hospit	al			
-	23a B	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF C	CEMETERY OR CREMATORY	236 LOCATION					
	7	Bureal	236 DATE 30/87 52	ARRI.	son Forest	Key. 8000	165 Kilk	MD.			
	24. FL	JNERAL DIRECTOR			25a. DAT		256 REGISTRAR'S SIG	GNATURE			
/B4		E. L. Philly	as 1721N.	MON	ROE ST. OC	T-2 1987	Julia Devid	on Radace			

DHMH - 16 60M 7/B4 (VRA 15, 4)

The state of the s

FOR DEPARTMENT OF HEALTH AND MENTALHYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH GISTRAR REG. NO ASED NAME 120 DATE KNOWN (Washington THE OR PRINT! ESTI-HOURS DEATH MATED Antonio Foster 4 RACE з вех 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS DATE OF BIRTH DATE MONTH LAST BIRTHDAY) SES SES PRONOUNCED 74 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY! U.S.A. DIVORCED Baltimore City D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) 5100 Lodestone Way N/A Baltimore ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS RALTO. 15100 LODESTONE WAY YESM X 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE VINE BARBARA RAY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 220-96-7475 BARBARA WASHINGTON 5100 LODESTONE WAY 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Perforating gunshot wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. USED AS A BURIAL OF HEALTH AND M PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HI BARLTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 6:49 M 15 19 87 Subject shot 21e PLACE OF INJURY (ATHOME, 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC | WHILE CITY OR TOWN WHILE NOT WHILE X 5100 Blk. Conant Way, Balto. street Autopsy X 22a I certify that I took charge of the remains described obove, held on Inspection death resulted from urol courses Suicide Accident Undetermined manner TITLE (SPECIFY) ACTUAL Deputy ChiefDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D.

07/84 **DHMH - 17** (VR A15 ME (5)) (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL 236 DATE

BURIA

23c NAME OF CEMETERY OR CREMATORY BAL TIMORE CEMETERY

ADDRESS_

STATE OF MARYLAND

23d LOCATION BAI TIMORE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

9/16/87

24. FUNERAL DIRECTOR MAPCH F/H. INC. 1101 E. NORTH AVENUE

111 Penn St.

Balto.MD.

9

19 87

19 87

OR INDUSTRY

FOSTER

20 AUTOPSY?

YES X

NO [

Md.

N/A

BETWEEN ONSET AND DEATH

15

2d HOUR

7:10P

and Applied

The state of the

SEP LALYS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN	-10
DEPARTMENT OF HEALTH AND MENTAL HYGTEN	E
CERTIFICATE OF DEATH	

5081 9	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	Z 5	633	
noy be		EAVED NAME EIRST	Heint	Fraley	20 DATE OF DEATH	9 /1	L BT 94DPM	7
urs offer a	3 SEX	Female	Cancasian	5. DATE OF BIRTH	6 AGE (IN YEARS LAST B	YRS	MONTHS DATS HOURS MIN	
272 ho	7a BI	OUNSAID (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	I a	Ho	OF DEATH CI+2 MD	
by 1 fried with	10. CI	Battol	THE NOT IN SUCH EXCILITY, GIVE STREET	ey mea center	12 USUAL OCCUPATION OF THE OF WORK EOR MOST		126 KIND OF BUSINESS OR INDUSTRY	
filled in hould be	13a. S	TATE MP PS COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	YES NO	136 STREET ADDRESS	ZIP CODE	Himse St.	
ompletely one 2 s	-	William	Buni	15 NOTHER'S MAJDEN N Suncha	WIDDLE	F	ratery	
be execu		(AS DECEASED EVER IN U.S. AR ES. NO OR UNKNOWN) IF YES. GIV	MED FORCES? 166 SOCIAL SECU	MISS SAM	IDEA FRA	lex 30	Street 212	25
erriticote	0	PART I. DEATH WAS CAUSE	ly one couse per line far (a), (b), ar D BY E CAUSE (a)	Line anest		/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
deoth co		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEOU	ratory faile	u			
d by the lease re-		couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ence of lung olise	ase			
requires in Themplor to bur to bur y injury, the property of t	TION	severe pre	matmity, 6	714	orchael,			
The low icton.	CERTIFICATION	190 DATE OF OPERAT DI		OPERATION WAS PERFORMED	YES NO	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? SS NO	
SICIAN ng phys certifica unal-troi tentol Hy	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	19	RRED (ENTER NATURE OF IN)	URY IN ITEM TB	PART (OR PART 2)	
ing phy r after this as the bi ith and M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET FACTORY, OFFICE,	o Om	CITY OR T	OWN CHI	COUNTY STATE	
ATTEND ospitol o scTOR / d for use t of Heo m 21 is m		saw the deceosed alive an above (11 (ive) (did) (did na	tol) attended the deceased from 19	ond that in (my) (our) opinia	n deoth occurred an the	date and hav		
TAL OR Ny the ho RAL DIRE detoche fore Dep		121 SIGNATURE NECL	a 6 onel a	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		9/12/87	
retained by 1 TO FUNERAL should be defauith the Store		PRICIAL SNAME (1786)	Gordla	270 ADDRESS +SVU	, Med Ote	. , 50	et Au,	
BP	(URIAL, CREMATION, REMOVAL BURIAL	236 DATE 236.	NAME OF CEMETERY OF CREMATOR	23d LOCATION FOR TOWN	one	Marytane	>
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	Sosyl N, Z	-ANNING JE	35-Cankling 250. D.	EP 1 6 1987	1/ 1 2	TRAP'S SIGNATURE	

30 YB91 8 1 138

DHMH - 16 60M 7/84

(VRA 15, 4)

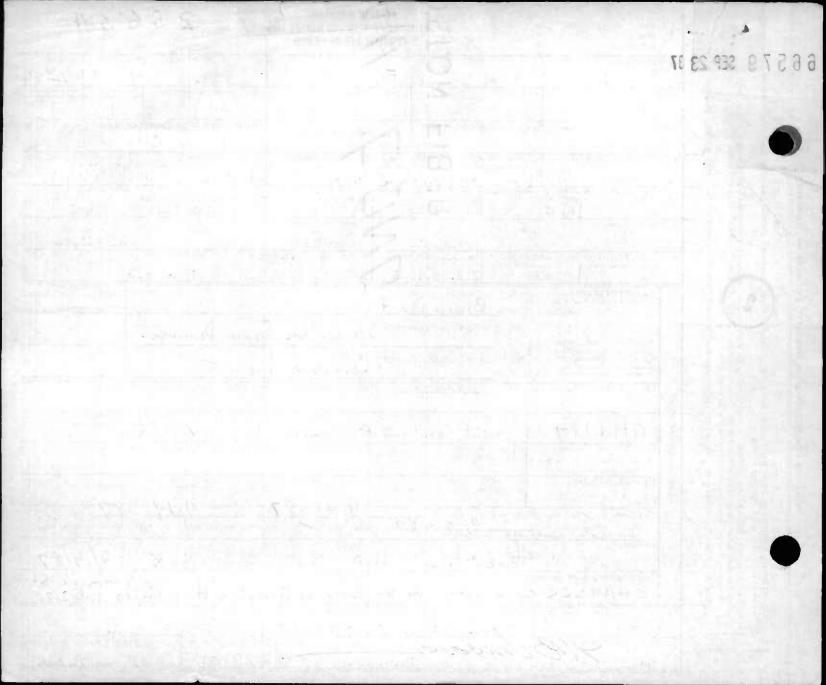
66579 SEP 23

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE TRAR CERTIFICATE OF DEATH

25654

REGISTRAR			CERTIF	FICATE OF DEATH	REG.	NO	Eghan.	nto, §		
DECEASED NAME FIRST		MIDDIE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR		
FREDERIC	K A	LVIN FI	RAMPT	ON, SR.	SEPT.	194, 1	987	700 P		
3. SEX	4 RACE		5. DATE	OF BIRTH	6. AGE IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS		
MALE	WHITE		DEC.	15, 1932	54	YRS	MONTHS DAYS	HOURS MIN.		
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY		TY OF DEATH			
MARYLAND	U.S.	Α.	WIDOWI		BALTIMOF	E CIT	Y	M		
M CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	170 USUAL OCCUP			F BUSINESS OF		
BALTIMORE	UNIVE	RSITY HOS	PITAL		PLANT SUPI	EKINTE	N_BUFFAI	O TANK		
USUAL RESIDENCE (IF NURSING HOME O 130. STATE A.A.	R OTHER INSTITUTION NTY	130. CITY OR TOW GLEN BUR	N	13d. INSIDE CITY LIMITS? YES NO 2	13e STREET ADDRES	DAN S / ZIP COI C ROAD		61		
14 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAS:	-		
ALVIN		FRAMPTO	N	NARCISSUS	Middle		WILKI			
160 WAS DECEASED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT (WI	FE) ADD	RESS				
YES KORE	EAN	213.30.1	703	MARY R. FRAM	PTON SAM	E AS				
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause pe	line far (a), (b), and	dicut				BETWEEN	MATE INTERVAL INSET AND DEATH		
	TE CAUSE (o)	Drain D	eat	h						
	Conditions, it any, which () Due to, OR AS A CONSEQUENCE OF I VVE VENTIBLE Brain Damage									
Conditions, il any, which gave rise to immediate										
couse (a), stating the underlying couse lost	couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									
PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CO	NDITION G	IVEN IN PART 110			
90 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	170a AUTOPSY?	206 IF Y	ES, WERE FINDIN	IGS LISED		
190 DATE OF OPERATION G11487 210. ACCIDENT WAS UNDERLYING	Rig		oral	Anewysm	YES NO	IN CERT	TIFYING CAUSES	OF DEATH?		
210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	216. TIME C	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)			
(IF EITHER, NOTIFY MEDICAL EXAMINE		M.	19							
21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR	TOWN	COUNTY	STATE		
AT WORK AT WORK				0/11 07		1/10	47			
220 1 certify that A this hosp			87	77 7 19	to	417		that (1 juillas		
saw the deceased alive or above, (1) (we) (did) (22b. SIGNATURE	he body	after death.	, 01	nd that in (my) job apinion	death occurred on the	date and ha				
220. SIGNATURE	4.1	1		DEGREE	MEDICAL SI	AFF \	226 DATE :	SIGNED		
22d PHYSICIAN'S NAME (TYPE	Vicil	- lung	VV	PHYSICIAN [DIRECTOR PHY		19/1	9/8/		
CHARLES		11 - 11	-	77e ADDRESS	1 041	22	-S. gree	ne St		
			1. D.	Univ. of Ma		2/2. 130	alto m	21201		
236 BURIAL, CREMATION, REMOVAL (SPECIFY)				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE		
BURIAL 24 FUNERAL DIRECTOR	SEPT/2	3,1987 MD	VET	TERANS CEMETER			A.A.	MD.		
NAME /	Um	1000		0.5	E REC'D. BY REGISTRA	AR 256 REGIS	STRAR'S SIGNATU			
SINGLETON FUNERA	AL HOME	GLEN BUR	NIE,	MD. 5-1	22 1987	Julia	Devideon-	Pandosa		



0.5.			1011	6b,Film (/ L	ST PEPARTMENT OF		ARYLAND-	HYGIENE	250	655	
651	03 SEP 11	0187	REGISTRAR	9-18-87	dw MEI	DICAL EX AMI	NER'S C	ERTIFICATE	OF DEATH	REG. NO.		
1			CEASED NAME	FIRST		WIDDIE		LAST	OF	E KNOWN A		AR 75 HOUR
1	PLAS FILES HOURS STREET	3. SEX	I A P	LAWRI ace	SOUTH OF BIRTH	E.		ANTZ DER 1 YR. TIE UNDE		H MATED	9 7 19 8	
-	出版する	Ma		ite	11 / 16/	YEAR LAST BIRTH			MIN PRONO	UNCED	9 7 198	11.0
-	CESSARY VERAL DIR COR YOU WITHIN 72 PRESTON	7a BI	RTHPLACE (STATE O)&	76 CITIZEN OF WH			ED NEVER MAR	RIED 🗌	-	COUNTY OF DEATH	
	THE FULLED AGE 5 FILED		ryland TY OR TOWN OF D	EATH		PITAL, NURSING HOA			DC	UPATION (TYPE O		
	300 m 1 8 /		Baltimore		Sinai Ho	spital		735	Plaster			ruction
21201	ANY DEL AND 3 TO BETAIN HOULD BE	130 S Md	AL RESIDENCE (# IN TATE	13b. COUN		130 CITY OR TOWN Baltimore		138. INSIDE CITY LIMITS? YES XX NO [Avenue 212:	11
E, MD.	EXTH.	DF/	ATHER'S NAME FIRST He	nry Fra	MIDDLE Intz	LAST		15 MOTHER'S MAIL FIRST Betty	DEN NAME	MIDDLE ker	LAST	
BALTIMOR	A GREAT	16e. V	VAS DECEASED EV ES, NO, OR UNKNOWN) Yes	ER IN U.S. ARA		220-66-2368 215 10 2	лу но. 306 A	17. INFORMANT Lynn I	Frantz	ADDRESS Sam	ne	
201 W. PRESTON ST.,	THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS , WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 G WARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH PAGE 3 SHOULD BE USED AS A BURIAL - IRANSIT PERMIT. IN ITAM TO SHOULD BE USED AS A BURIAL - IRANSIT PERMIT. IN ITAM TO BURIAL - IRANSIT PERMIT. IN ITAM TO BURIAL - IRANSIT PERMIT. IN ITAM TO BURIAL CREMATION, OR REMOVAL.		Conditions, i gove rise t couse (o) stot lying couse lo	IMMEDIAT f ony, which o immediate ing the under- ist.	(c)	For ating (AS A CONSEQUENC AS A CONSEQUENC AS A CONSEQUENCE UT NOT RELATED TO THE TE	E OF			andgun)		ATE INTERVAL
DIVISION OF VITAL RECORDS,	SHOULD BE EXE OND "PENDING" CHIEF MEDICAL E USED AS A BU F OF HEALTH AN ORIAL, CREMAT	CERTIFICATION	19a DATE OF OPE			ON FOR WHICH OP			ANT TOE		20 AUTOP	-
ONOFV	ERTIFICATE SING THE WOOD THE W	MEDICAL CER	210 EXTERNAL CAUNDERLYING X	OR CAUSE OF D	EATH 10:38M.	MONTH DAY YE. 9-7- 198	AR 37 Se.	WINJURY OCCURR		INJURY IN ITEM 18 PA	RT I OR PART 2)	
DIVIS	JER: THIS CER CATE, WRITIN FORWARDED OR: PAGE 3 SI HE STATE DEP IND, 21201 PR	MED	WHILE AT WORK AT	DT WHILE S	STORET EACT	FINJURY (ATHOME, DRY, FARM, ETC.)		cation ireet D Quarry 1	CHYOR Ave.,Balt		COUNTY	STATE
•	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE & SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALLMORE, MARYLAND, 2120	2	22a. I certify the death resulted Ir ACTUAL SIGNATURE EXAMINER'S NAA (TYPE OR PRIBT)	om: Notur	e of the remoins desc ol couses	a	Suicide X.	Homicide T	Undetermined Chief Ch	monner	DATE SIGNED 9-8.	-87
			URIAL, CREMATION Burial			23c NAME OF C	EMETERY OF		73d LOCATION		t Balto. C	STATE Md.
07 / 84 25/M	DHMH - 17 (VR A15 ME (5))	Pur Bur	UNERAL DIRECTOR	s Funer		631 Falls		IZSO DATE	REC'D. BY REGIST		TRAR'S SIGNATURE	due

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		FOR
1	-	STATE
		DECISTRAD

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR		DEPARTI		HEALTH AND MENTAL HYÓ FICATE OF DEATH	GIENE 25	-65	56	1	
-2	13	CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY	YE AR	26 HOUR
	10.70	IDA		_	FR	ATINI	5	ept. 3	85	178	1135 4
	3 SE	X	4. RACE		S. DATE		6 AGE IN YEARS LAST BE	THDAY)	IF UNDER		IF UNDER 24 HRS
		FEMALE	CAUCA	SIAN	MONT	DAY YEAR	77	YRS	CHINOM	DAYS	HOURS MIN
17	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEA	TH	
/		TTALY	US	. A	WIDOWI		BALTIMO	28 (CITY		MD.
5	10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b K	IND OF	F BUSINESS OR
5	B	ALTIMORE				KRAL HOSP.	Seamstre		C]	Loth	ing
-	USU/ 13a S	AL RESIDENCE (IF NURSING HOME COL		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
FIRST CO.		mo -		BALTIMO		YES NO		E STRE		Z	1225
	14 FA	THER'S NAME	MIDDLE	LAST.		15. MOTHER'S MAIDEN NA	ME				
		NED	MIDDLE	FRATIN	1	ANNA	MIDDLE	-	SABB	LAST	2411
	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17_INFORMANT	ADDR	ESS		7/5	710 1
	ال	YES, NO OR HINKMOUNT (IF YES, G	IVE WAR OR DATES)	168-09-	7263	Josephine F:	ratini	Same a	as 13	3e	
		PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	R AS A CONSEQUE	ENCE OF		AILUZE		96	WEENO	MATE INTERVAL INSET AND DEATH
	_	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PA	AR1 Iro	
	ō.	CHRONIC	RENAL	FAILURS	F						
2	TIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE F FYING CA	USES (GS USED OF DEATH?
7	CAL CERTI	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [(IF EITHER NOTIFY MEDICAL EXAMINE		OF INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PA	ART 2)	
/	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TO	WN	COUN	aty	STATE
		22a.1 certify that (II (this hosp sow the deceased alive or above, (I) (We) (did) (did n	Sept.	28 19 8		nd that in (my) Our opinion	to SEPT death occurred on the d	28 ote and hou	19_8 ur ond Iro	T_ ill	not (li we) lot ouses stated
		226 SIGNATURE	N			DEGREE ATTENDING	MEDICAL STA		220	/	IGNED
		1/1/	lusso	mo		MD PHYSICIAN	MEDICAL STA		19	15	8/87
1		224 PHYSICIAN'S NAME TTYPE				27e ADDRESS					
		Nick F. A	AUSSO,	MD		3001 5. HAN	DUER St.	Baltin	LORE	M	O

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detached for use as the burial-train I permit The with the State Dept of Health and Mental Hypereneries to TO FUNERAL DIRECTOR: After this certificote has been

IMPORTANT: If them 21 is morked or them 18 and

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

George J. Gonce 4001 Ritchie Hgwy Balto Md

10/2/87

13c NAME OF CEMETERY OF CREMATORY
Holy Cross Cemetery Bal't'imore

AINIA. MdAIE

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

SEP 23 87 - FOR STATE REGISTRAR

24 hours often

deoth certificate

that the

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

BP.

etoined by the hospital or ottending physician.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

(1	DECEASED NAME FIRST	MIDI				The state of the s			T
3	(TYPE OR PRINT)	MiDi			AST	20. DATE OF DEATH	ONTH DAY	YEAR	26 HOUR
3	LYDIA	Ε.	FREI	DERICK		9	2	18+	1201
· ·	SEX	4 RACE	1	5 DATE O		6 AGE IN YEARS LAST BIRTHD		UNDER I YEAR	HOURS A
	F	W			17, 1893	93	YRS		
Z	I. BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTYO	FDEATH	20.00
1	Md.	USA		WIDOWE		BALTIMORE	CITY		
	BALTIMORE CITY		ACILITY, GIVE STREET	ADDRESS]	ROTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Homemaker		126 KIND O	F BUSINESS
	SUAL RESIDENCE (IF NURSING HOM 30 STATE 136 CC	DUNTY 13	E RESIDENCE BEFORE CITY OR TOW Baltimo:	N I	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / Z 209 Wither:	P CODE	Rd.	21212
O I	FATHER'S NAME J. Alan	Fledderman	LAST		15. MOTHER'S MAIDEN NAI	Lydia Ball		LAS	
16	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16	SOCIAL SECU	IRITY NO	17 INFORMANT	ADDRESS			
1	TYES NO OR UNKNOWN) (IF YES	2	15 68 1	708	Mr. George J	. Bleul 209	Withe	erspoo	n Rd.
		(c)	S A CONSEQUE		NOT RELATED TO THE TERM	IN AL DISEASE OR CONDIT	ION GIVEN	IN PART 1	0
7	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATION	N WAS PERFORMED			WERE FINDIN	
2	190 DATE OF OPERATION			OPERATION		YES NO NO	N CERTIFYII YES	NG CAUSES	
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF II	NJURY		N WAS PERFORMED	YES NO NO	N CERTIFYII YES	NG CAUSES	OF DEATH?
7	190 DATE OF OPERATION 110. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF JIE EITHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED	21b. TIME OF II HOUR A.M. P.M. 21e PLACE OF	NJURY MONTH DA	AY YEAR		YES NO NO	N CERTIFYII YES	NG CAUSES	OF DEATH?
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that It (this he sow the deceased allive above, (I) I wo! (did) (did	21b. TIME OF II HOUR A.M. P.M. 21e PLACE OF (AT HOME STREET	NJURY MONTH DA INJURY FACTORY, OFFICE, F	AY YEAR 19 FARM ETC)	211 LOCATION STREET 20 19 8 7 d that in (my) (our) opinion	YES NO ENTER NATURE OF INJURY II	N CERTIFYII YES NITEM 18 PART	COUNTY	STAT
7	190 DATE OF OPERATION 110. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INFEITHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED AT WORK NOT WHILE AT WORK NOT WHILE 270.1 certify that /// (this he sow the degreesed glive	21b. TIME OF II HOUR A.M. P.M. 21e PLACE OF (AT HOME STREET	NJURY MONTH DA INJURY FACTORY, OFFICE, F	AY YEAR 19 FARM ETC)	21c HOW INJURY OCCURY 211 LOCATION STREET 20 19 8 7	YES NO X PROPERTY IN THE PROPE	N CERTIFYII YES NITEM 18 PART	OUNTY	STAT
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INFETTINE NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE 270. I certify that M (this his sow the degreesed glive above, (I) Me) (did) (did 27b. SIGNATURE	21b. TIME OF II HOUR A.M. 21c PLACE OF [AT HOME STREET 25 not view the body of the control of th	NJURY MONTH DA INJURY FACTORY, OFFICE, F	AY YEAR 19 SARM ETC)	211 LOCATION STREET 20 19 8 7 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [YES NO X RED (ENTER NATURE OF INJURY II CITY OR TOWN To 2 death occurred on the date	N CERTIFYII YES NITEM 18 PART	COUNTY	STAT
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE NOT WHILE ALWORK ALWORK AWORK 270. 1 certify that In (this his sow the deceased slive above, (I) We) (did) (did 272b. SIGNATURE	21b. TIME OF II HOUR A.M. P.M. 21e PLACE OF (AT HOME STREET OSPITO) ottended the control of not) view the body of the precious	NJURY MONTH DA INJURY FACTORY OFFICE F er death:	AY YEAR 19 FARM ETC) THE CONTROL OF	211 LOCATION STREET 20 19 8 7 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [YES NO STAFF NO STAFF CITY OR TOWN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIA	N CERTIFYII YES NITEM 18 PART	COUNTY	STAT

DHMH - 16 60M 7/1 (VRA 15, 4)

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DHMH - 16 60M 7 (VRA 15, 4)

STATE OF MARYLAND & / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25-658

٠,		REOBINAN					REG, NO					
1			WIDDLE	ţ	AST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR			
- 1	{TYPE		, in	Fre	edman		9-8-87		955 0			
- 1	1.56)					110	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS			
- 1		/	1, 16 10					MONTHS DATS	HOURS MIN,			
% I	-		White	4	/S X	XXX	YRS	IF UNDER LYEAR IF UNDER 2. WONTHS DAYS HOURS JUNTY OF DEATH E CITY 126 KIND OF BUSINES THURE PRETAIL COLOT 26 (2120) UNKNOWN APT 26 STAFF RD 2120 APPROXIMATE INTERVENING CAUSES OF DEATH YES NO DEATH YES N				
1			76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIEI	NEVER MAR	RIED 🗆						
21		MARYLAND	USA	WIDOWE	D DIVOR	CED 🗌	BALTIMORE	CITY	MD			
5	10 CI	TY OR TOWN OF DEATH			R OTHER INSTITU	TION	12a USUAL OCCUPATION	126 KIND C	OF BUSINESS OR			
1	B	1timore					MERCHANT-FURNIT	UREDRETA	AIL			
		AL RESIDENCE (IF NURSING HOME OF						DT 26	(21200)			
h	13n. S							F1. 26	(21209)			
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\sim	14. FA	FIRST	MIDDLE LAST				MIDDLE	LAS	ST			
	1	ISRAEL			SAF	RAH						
	SER											
	1	NO (IF YES G	XXX -XX	X JOXIVE	SIDNEY	FREEI	DMAN 2907 FALLST	AFF RD.	21209			
	Indicate State The content of th		IMATE INTERVAL									
		PART I. DEATH WAS CAUSE	FD RY.		+			BETWEEN	ONSET AND DEATH			
		IMMEDIA	TE CAUSE (a)	Can	vezi							
			DUE TO OR AS A CONSEC	DUENCE OF	,							
	1	Canditions, if any, which	4.1.		toris							
-		gave rise to immediate										
					1.1.200	,						
24		(c)										
	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART 1	a			
	ō											
0	3	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORM	ED	20a AUTOPSY? 20b. IF YE					
-4	¥						_ ~					
	2	710 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		121c HOW INJUR	Y OCCURR						
S	1000		110110 4 11 14041711	DAY YEAR			,					
1	2			19								
	8			E SARM SIC I			CITY OR TOWN	COUNTY	STATE			
	2	MALE NOT WHILE	THE TOTAL STREET THE TOTAL OFFICE				4					
_			nial) attended the deceased Iron	9 3		0 87	10 5/8	1087	that (It (we) last			
			• 1 h	- 4.79	nd that in (my) (au	r) opinion (death accurred on the date and ha					
		abave, (1) (we) (did) (did no				1 00111011	ocam decorred an me date and na					
		226. SIGNATURE	1 1.04					22c DATE	SIGNED			
		4.0	nend Cober		ATTE			1/2/2	87			
П		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		A. 40 5 4. 12228	coste do	2/			
П		21.41	On 2281		Su. 16 365	, 6 mm	ver certile test, it	5 Me Me	W.			
1		Cicherol +	1.30.				LIERZ MILE LA C. CO.	8				
	23a E	(SPECIEV)	236 DATE 23	NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION	COHNTY	STATE			
		XXXXXX BURIAL	9/10/87	WAY BET	H JACOB	CEM	FINKSBURG CA	RROLL	MD			
	24. FI		LEVINSON & BRO				E REC'D. BY REGISTRAR 256 REGIS		TURE			
1		NAME SOL						7	· w · ·			
	(OULU REISTERSTO	WN RD. BALTO. M	II) 2121!)		CED 1 E MOS	J. Vieland	- Bandal			

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL

067	76	9	OCT -	187	REGISTRAR			pel Alti	CERTIF	ICATE OF DEATH	REG. NO.	4	
	e pe	600			CE ASED NAME	FIRST		MIDDLE		EMAN	20 DATE OF DEATH MONTH	30 8°	70
	ge 4 mo	or. p	i i	3 SEX	× MALE		4 RACE	\ HITE	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)		YEAR IF UNDER 24 HRS
	deoth. Po	arrol din	of one		RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOW!	D NEVER MARRIED D	9 BALTIMORE CITY OR COU BALTIMORE	CITY	H MD.
1201	Softe O	by the fu	9		ALTIMORE	TH		H FACILITY SIVE STREET		DR OTHER INSTITUTION	124 USUAL OCCUPATION MERCHANT ST OF WORKI	NG LIFE) 12b. KIN	D OF BUSINESS OR
7	24 hou	filled in			AL RESIDENCE (IF NURSII	13b. COU		GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP C	ODE RO	#21215
MARYLAND	ed within	mplerely	Z (S)	14 FA	THER'S NAME FIRST ZETSA		MIDDLE F.Z	LAST ARBMÄN		15 MOTHER'S MAIDEN NA/ FIRST BUNIE	WIDDLE	BECHKE	LAST
IMORE,	oe execut	puo u	medical	0	VAS DECEASED EVER I VES, NO OR UNKNOWN)		MED FORCES? VE WAR OR DATES)	213-34-39		17 INFORMANT DR. 1 4130 FALLSTA	RVING FREEDMAN		1215
T., BALT	dificate k	physicio	emovol.		18 CAUSE OF DEATH PART I. DEATH WA		nly one cause per ED BY: TE CAUSE (a)					BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
201 W. PRESTON S	that the death cer	d by	iol, cremotion, or re ar other troumatic e		Conditions, if ony, gave rise to imm cause (a), stoting underlying couse	which rediate	DUE TO, O	RAS A CONSEQUE RAS A CONSEQUE DIME	NCE OF	MELLITUS	rity		
ORDS, 20	requires	en signe	or to buri	NOIL	PART 2 OTHER SIGN	IFICANT (CONDITIONS <u>C</u>	ONTRIBUTING TO [DEATH BUT	NOT RELATED TO THE TERM	inal disease or condition	GIVEN IN PAR	î lia

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED	
9 22/87	GAMMEROUS Left Lo	wer Extremity	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO	>
71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJUR	(IN ITEM 18 PART I OR PART 2)	
216. INJURY OCCURRED WHITE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OF TOV	VN COUNTY STAT	TE.
22a I certify that (I) this hospital) sow the deceased alive on obove, (I) (we did) (did nat) vi	930 1987	8 , 19 87 d that in (my Vaur) apinion de		te and hour ond from the couses state)a:

220 DATE SIGNED DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN 22e ADDRESS

PERRY, M.O.

SinAi

23b. DATE OCT.2,1987 230 BURIAL, CREMATION, REMOVAL SPECIFY BURIAL

PROPERTY OF CEMETERY OF CREMATORY 1234 LOCATION BETH JACOB ANSHE VESHEAR "CEEDALE

MDITATE BALTO.

5

BROS., INC. SOL LEVINSON

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

MEDICAL CERTIFICA

60TO REISTERSTOWN RD.

BALTOS, MD

21215

6

Aulia Dindon-Randale Way to be been Will State and Will Miles Entering Links in which was in the state of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

						REG. I	NO.			
	CEASED NAME FIRST	M	NIDDLE		AST .	20. DATE OF DEATH	MONTH		100	OUR
(TYPE	CA TH	ERINE	J. FU	JLLEN	KVINLD		00	14 9	7 6.	40 0
			0. 10							//
3. SE.	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST !	IRTHDAY)			De la Company
F	emale	White	700	Dec.	15, 1915	71			AYS HOU	RS MIN.
70 RI	IRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	0	3.0				<u></u>	
	COUNTRY)			MARRIE	D NEVER MARRIED		_	MONTH DAY YEAR 25 HOUR O S 14 87 6 47 A A THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS. IR COUNTY OF DEATH e City, ME ON 1726 KIND OF BUSINESS OR F WORKING LIFE) INDUSTRY ZIP CODE hodale Ave. 21206 Stedman SS p, Jr. Same as #136 APPROXIMATE INTERVALIH BETWEEN ONSET AND DEATH YES NO RY IN ITEM 18 PART 1 OR PART 2) WAN COUNTY STATE 122 DATE SIGNED O LUAR 122 DATE SIGNED O LUAR 123 DATE SIGNED O LUAR 124 DATE SIGNED		
Ma	aryland	U.S.A		WIDOWE		Baltimon	e Ci	tv.		M
10 C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	12b KIN	ND OF BUS	
D.	7.4.		H FACILITY, GIVE STREET A			TYPE OF WORK FOR MOST	OF WORKING	LIFE) INDUS		
	altimore		amari tan	-	rtal .	Housewife				
130	AL RESIDENCE (IF NURSING HOME OF				1141 115105 6174 111176	La CEDECE ADDRESS	1 710 00	n.r.		
	aryland	VII	Baltimor			13e STREET ADDRESS	hode]	DE Asro	21	206
_	0		Dar vinor		YES X NO		inoual	LE AVE	• <1	200
14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE			LACY	
Ma	artin		Tragese	er	Mary	Model		St	edman	
16a V	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECUR		17 INFORMANT	ADD	RESS			
	YES. NO OR UNKNOWN) (IF YES. GIV	E WAR OR DATES)						~		11 4
No	0		213-01-74	-21	Mr. John E.	Fullenkar	ip, Ji	. Sar	ne as	#13
	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per	line for (n) (h) and	L(c)				API	PROXIMATE	VIERVAL
	couse (o), stating the underlying couse lost. (c) (L) present of Sep Si's									
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	IN AL DISEASE OF CO	NDITION	IVENI INI DAE	T 1				
z	TART I OTTER STOTAL REALTY	-	IIIAL DISLASE OR CO	ADITION C	MARIA HA I WE	1110				
1 5										
S	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?				
三	_		-			YES NON				
CERTIFICATION	710. ACCIDENT WAS UNDERLYING	7 21b. TIME OF	FINITIPY		171, HOW IN HIPY OCCUPE					
	OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	Y YEAR	THE TION HOOK! OCCORN	LD TENTER NATURE OF IN.	URT IN HEM I	B PART I OK PAR	1 21	
S	(IF EITHER NOTHY MEDICAL EXAMINE		M.	19						
MEDICAL	21d INJURY OCCURRED	21e PLACE C			211 LOCATION					
¥	WHILE NOT WHILE	(AT HOME STRE	EET, FACTORY, OFFICE, FA	ARM ETC)	STREET	CITY OR	OWN	COUNT	1	STATE
	AT WORK AT WORK							7/2		
	22a.1 certify that (1) (this haspi			9/9	19. 4.1		114	. 19_		, .,
	saw the deceased alive an above (1) (de) (did) (did no	9		QA 01	nd that in (my) (our) apinion d	death occurred on the	date and h	our and fram	the couses	stated
	The Signature	III view The body o	uner deorn.		DEGREE			72r D	ATE SIGN	FD
111	MARTER	1.		17.		MEDICAL ST	AFF L.	6		
	11/1	-		114	PHYSICIAN L	DIRECTOR PHYS	ICIAN X	1	1,411	0 -1
	THE PHYSICIAN'S NAME THE	OR PROHITY			22e. ADDRESS					
	MELKON	LINTIAL	AZARIA	AN	Good San	arite -	Wasy	1.4.0		
							14 35	· lat		
	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		4000		
Bi	urial	9-17-8	37 St.	Jose	ph's-Fullerton	n Citr Ok IOWN	D.		22.0	
_	UNERAL DIRECTOR			0 0,00		REC'D. BY REGISTRA	PIZEL DECL	CTD A D'C CIC	NIATIADE	0
-	Leonard J. Ruc	k Inc.	ADDRESS		050		Autra	Dender	T- Kans	alle
			Baltimon		A 21214 SEP					

DHMH - 16 60M 7 (VRA 15, 4)

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Pulkerong, dr. days as ett	217-01-021 ax. Tom R.	67
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	STATE OF MARYLAND	
DEPARTM	ENT OF HEALTH AND MENTAL HYGIEN	E
	CERTIFICATE OF DEATH	

	9.8	FOR STATE EGISTRAR		DEPARTM		EALTH AND MENTAL HY	GIENE	REG. NO.	. 0	0	•	
F		CEASED NAME FIRST	MI	DDLE	L	AST	2a. DATE OF I	DEATH MONTH	DAY	YEAR	26 HOU	JR .
ı	(TYPE	Anth	ONY I	L. F	-411	er		9	14	87	152	2.4 M
h	3 SEX		4 RAGE		5. DATE C		6. AGE (IN YEA	ARS LAST BIRTHDAY)	IF UNDE	ER I YEAR	IF UNDER	24 HR5
ľ		M	B	-	MONTH		2	1/2	MONTHS	DAYS	HOURS	MIN.
ł	7n RIE	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF W	HAT COUNTRY?	8		0 BAITIMOR	E CITY OR COUN		ATH		
J	C C	OUNTRY)	110 4	L	MARRIE	D NEVER MARRIED	, BALTIMOR	0 -1:	-			
Į,	10.00	lary lane	USM	SCRITAL AUGSTAL	WIDOWE	DIVORCED		, Joc. ,	ore (-114	5 DI 15 IN 15	MD.
	10. CT	Y OR TOWN OF DEATH		DSPITAL, NURSING FACILITY, GIVE STREET A		OR OTHER INSTITUTION	12a. USUAL O (TYPE OF WORK)	FOR MOST OF WORKING		DUSTRY	F BUSINE	255 OR
1	1	sathinure /	Universit	4 01 Ma		nd Hospital	3 H/X	1 .		NA	1	
	USUA 13a. S	L RESIDENCE (IF NURSING HOME OR TATE	OTHER INSTITUTION, G	WE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	112 STREET AL	DDRESS ZIP CO)DE		- 1	
3		any land W	4	Baltim		YES NO	558	W. Pres		ST	212	03
	1 0	THER'S NAME			7,0	15. MOTHER'S MAIDEN N				-		
		William	MIDDLE	LAST		FIRST		MIDDLE	4	6/1/5	1	
ł	I An W	AS DECEASED EVER IN U.S. AR.	MED FORCES? II	16b. SOCIAL SECUR	ON YIIS	17 INFORMANT		ADDRESS		9//		
ľ		ES, NO OR UNKNOWN) (IF YES, GIV	E,WAR OR DATES)	11/1			al Recor	-1				
ŀ		NO N	A	NIA		Medica	LE MEZUI	0		ORANGE CO.		
I		18 CAUSE OF DEATH (Enter on PART, DEATH WAS CAUSE	ly one couse per li			1 1	75.11 (2) (5)		-	BETWEEN C	MATE INTER	DEATH
I			E CAUSE (o)	Cardion	respir	atory Arrest				4	MIS	
I		110	DUE TO, OR	AS A CONSEQUE	NCE OF						, ,	
1		Conditions, if ony, which	(b)	Aspiro	tion					9	hrs	
1		gove rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQUE	NCE OF					,	1.	
1		underlying couse lost.	(6)	Seps		or pneumo	nia			14) K	
ł		PART 2 OTHER SIGNIFICANT O	ONDITIONS CO			NOT RELATED TO THE TER	RMINAL DISEASE	OR CONDITION	GIVEN IN	PART 1:c		
ı	Z	Soustie Qua	driplegi	a since	ag	· lyear of a	292					
1	ATI	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOF		YES, WER			
1	FIC						YES 🗍	NO IN CER	RTIFYING (CAUSES	OF DEAT	H?
H	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF	INTURY		21c HOW INJURY OCCU				PART 21	140 [
1		OR CONTRIBUTING CAUSE OF DEA	110110 4 44	MONTH DA	Y YEAR		A CENTER WALL	7 NE 07 11420N 7 114 11E/A	10 7 411 7 1011	, , , , , , , , , , , , , , , , , , , ,		
1	OA	(IF EITHER, NOTIFY MEDICAL EXAMINER			19	AN LOCATION				-		
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE O (AT HOME, STREE	ET, FACTORY, OFFICE, FA	RM, ETC.)	211. LOCATION STREET		CITY OR TOWN	cc	YTAUC	5	SIATE
ı		AT WORK NOT WHILE AT WORK						4	1			
ı		22a.l certify that (I) (this hospi			5 30			9/14			that (I) (v	
A		sow the deceased alive an above, (I) (we) (did) (did no	t) view the body a		57, 01	nd that in (my) (our) opinion	n death occurred	on the date and	nour and 1	rom the	couses sto	pted
1		226. SIGNATURE	1			DEGREE			27	2c. DATE	SIGNED	
1		1/4a E-	Benel	1 40		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		9/14	1/87	7
1		22d. PHYSICIAN'S NAME (TYPE	PRINT)	1		22e. ADDRESS				4	1	
1		Vera E	Rennet			University.	of Man	11 and Un	50140	l		
+	230 0	URIAL, CREMATION, REMOVAL		122. Al	AME OF C	EMETERY OR CREMATOR	234 LOCA	ION I	1			
	234. 6	BURIAL					CITYO	RIOWN	ET COUN	NTY		TATE
			9/18/87	CEL	AK H.	ILL CEMETERY		NE ARUND		-		4D
	24. FL	INERAL DIRECTOR		ADDRESS	ODMI			GISTRAR 256. REG	ISTRAR'S	SIGNATI	JKE	
		WM. C. MARCH F/	H INC. 1	TOT E. V	OKTH	AVENUE S	FP 1 719	987 Mulia	Troid	m. P	an dass	2

Troiden Pendase

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT, if hem 2.1 is marked

STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

57	SEP.	FOR STATE REPSTATE				ENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	RE	G. NO	662	2
		EASED NAME FOR PRINT! BEN	NIE		WIDDLE	FUL	LER	SEPTEM		1987	12:58
3	. SEX		4.	RACE		5. DATE C		6. AGE IN YEARS L		IF UNDER I YEAR	IF UNDER 24 HRS
_		Male		Black		MONTH 4/	18/21 YEAR	66	YRS	MONTHS DATS	HOURS MIN.
1		THPLACE (STATE OR FORE DUNINY) S.C.		US		WIDOWE			ORE CI	TY	N
3	F	ALTIMORE	1	THE JO	HEACILITY, GIVE STREET A	KINS	HOSPITAL	12a USUAL OCC {TYPE OF WORK FOR A Retired	UPATION MOST OF WORKING L	IFE) INDUSTRY	of Business o
35		L RESIDENCE (IF NURSING TATE Md.	LOUNT	THER INSTITUTION,	Baltimor	V		3319 Lyn		-	1207
B	5 ^A	THER'S NAME FIRST Julius		Fu1	ler.		15. MOTHER'S MAIDEN NAM	ME	Fuller	LA	
2		AS DECEASED EVER IN I		ED FORCES?	239-14-4		Lois Fuller		ADDRESS		21207
		18 CAUSE OF DEATH (E	nter anly CAUSED	ane cause per BY			LMONARY	10000			MATE INTERVAL ONSET AND DEATH
njury, or othe	NO	11		(c)	MAS A CONSEQUE MCTA ONTRIBUTING TO D	STAT	NOT RELATED TO THE TERM NOT RELATED TO THE TERM		CONDITION GI	VEN IN PART I	0
7	CERTIFICATION	190 DATE OF OPERATIO			ITION FOR WHICH		N WAS PERFORMED JCER	200 AUTOPSY	? 20b. IF YE	S, WERE FINDI IFYING CAUSES ES [NGS USED S OF DEATH?
18		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E	SE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE)	DE INJURY IN ITEM 18	PART I OR PART 2)	
rked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK			OF INJURY REET, FACTORY, OFFICE FA	ARM, ETC)	211 LOCATION STREET	cir	Y OR TOWN	COUNTY	STATE
21 is mo	ij	220.1 certify that (1) (the saw the deceased above, (1) (we) (did)				12-8	nd that in (my) your) apinian	death accurred an	the date and ha	us and from the	thot (i) we) lo
# #ea		226. SIGNATURE PO	Eme	la	00.0	nth	DEGREE ATTENDING PHYSICIAN	MEDICAL P	STAFF HYSICIAN D	22c. DATE 9/	5/87
MPORTANI		224 PHYSICIAN'S NAME	NC.	LA C	ASLOU	1172	22R ADDRESS JO 600 N WOI		BALTO		SP177
5	- 1	URIAL, CREMATION, REA	MOVAL	23b DATE			EMETERY OR CREMATORY	23d LOCATION	IWN	COUNTY	STATE
7B4	24 FL	Burial Neral Director naš ^{^M} A.Rice F	FSPA	9/11/ 1300 E		ings		Rand	allstown		TURE

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FOR

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6737 SEP	24	STATE RGISTRAR		CERT	IFICATE OF DEATH	REG. 1	NO.	
ay be		CEASED NAME FIRST PAU	WIDDLE	Fu	LLER	20. DATE OF DEATH	9-20-87	26 HOUR 3
ge 4 may ector. por	3. SE		Negro	MOI	OF BIRTH OF DAY VEAR OF TO TO	6 AGE (IN YEARS LAST B	IRTHDAY) IF UNDER 1 YEAR MONTHS DAYS	WUNDER 24 HRS
leath. For		COUNTRY) USA	76 CITIZEN OF WHAT COL	MARE WIDON	IED NEVER MARRIED VED DIVORCED	BALTI	MORE CI	TY MD.
by the furtiled with	6	ALTIMORE	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV MT WASHIN	GTON	PEDS. HOSPITA	120 USUAL OCCUPA (TYPE OF WORK FOR MOST		OF BUSINESS OR
filled in hould be	m	ARY LAND	NTY 13c CITY C	R TOWN	YES NO	13. STREET ADDRESS	CALLOW-1	st FLOOR
ompletely ond 2 sl	14. F/	ATHER'S NAME FIRST O	MIDDLE FU	LLER	PAULA	MIDDLE	WAIKE	R 212
n ond co Poges		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIA VE WAR OR DATES)	L SECURITY NO	DELOATCH	11a 2301	CALLOW ST	- 1stfl'B
To the form of the control of the co	7	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA)			ULMONARY'	ARRES	APPRO: BETWEEN	XIMATE INTERVAL LONSET AND DEATH
the death the date remove emotion er troumoti		Conditions, if any, which gave rise to immediate couse (a), stoting the	DUE TO, OR AS A COM	HEAD	INJURY ;	SPASTK	QUADR PARES	is Year 3
ned by the property of please reported, and you other y, or other		underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A COM (c) SEL CONDITIONS CONTRIBUTION	ZURES	, 2° BASILA		FRACTURE NOITION GIVEN IN PART 1	0
en sig en sig or to k	NO.	SE17	LURES					
The low cion.	CERTIFICATION	196 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERAT		YES NO	20b IF YES, WERE FINDI IN CERTIFYING CAUSE: YES	NGS USED S OF DEATH?
SICIAN: The physicic certificate certificate certificate ential Hygie frem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT		21c HOW INJURY OCCUR 86 Pedestri	-		
ottendii iter this is the bu	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, ROad W	OFFICE, FARM, ETC.)	211 LOCATION STREET	Moravial R	OWN COUNTY	STATE
A TENDIN hospitol or RECTOR. Af		220 I certify that (this haspi sow the deceased alive an above, (I) (we) (did) (did no	122107 -1	110 0 1	23/86, 19 and that in (my) (our) opinion	, to death occurred on the o	dote and hour and from the	that (I) (we) last couses stated
the the etoch te Dill the Dill the De		226. SIGNATURE DIMPA	we wo		ATTENDING COLOR OF THE PROPERTY OF THE PROPERT	BY MEDICAL EXAMINER DIRECTOR PHYS	AFF ICIAN P	SIGNED 20/87
HOSPHI ound be outd be the St		ETHEL A	+ · ADELOYE	mo	M+. WASHIN	OGTON PE	S Hospi	TAL
		BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
BP	24 51	BURIAL JNERAL DIRECTOR	9/24/87	KING M	EM. PK. CEMETE			MD
DHMH - 16 60M 7/84 (VRA 15, 4)	24 1		CH INC. 1101	E. NORT	AVENUE CED	1007	R 256-REGISTRARS SIGNA	dies

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FOR STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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27_	REGISTRAR					REG. N	0.		
(TYPE	CEASED NAME FIRST	MIDDLE		ST		20. DATE OF DEATH	MONTH DAT		26 HOUR
	HENR	Y	FU	LTON	JR.		9 7	87	415 A
3. SEX	X	4 RACE	5. DATE O			6. AGE IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HR
	MALE	BLACK	MONTH	/3	19	68	YRS	NIHS DAYS	HOURS MIN
	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8			9 BALTIMORE CITY C		FDEATH	1
	COUNTRY) S	1150	WIDOWED	NEVER M	ORCED	BALTII	MORE	CIT	· V
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI				120 USUAL OCCUPAT		12h KIND C	OF BUSINESS C
11.3	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREE		1100	DITAL	(TYPE OF WORK FOR MOST O	OF WORKING LIFE)	INDUSTRY	11.
USUA		GOOD SAMA	RITAN	V HOS	PITAL	Laborer		Hilled	Chem
13a. S	MD 136 COUN		HORE		NO 🗌	13e.STREET ADDRESS		AUE	2121
14. FA		MIDDLE CAST		15. MOTHER'S	MAIDEN NA/	ME		LAS	51
<u></u>	HENRY	FUITON,	Sr.	Cel	lie		F	elde	~
	VAS DECEASED EVER IN U.S. AR.			17 INFORMAL	NT	ADDR	ESS		
	YEE	21726	4579	JUA	NITA	FUITON	33	12 E	lain 1
	18 CAUSE OF DEATH (Enter on	ally one couse per line for (a), (b), a	ind (c).)					APPROX	MATE INTERVAL
10	PART I. DEATH WAS CAUSE	D BY. CARDIA		TANDS"	TILL			Total Control of the	ON SET AND DEAT
NO		CONDITIONS CONTRIBUTING TO AGE RENAL	DEATH BUT I	ARTE NOT RELATED SEASE	TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	0
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH				200 AUTOPSY?	20b. IF YES, V IN CERTIFYII	NG CAUSES	NGS USED OF DEATH?
ER	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c HOW IN.	JURY OCCURE	RED (ENTER NATURE OF INJU			140 []
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH				(Citien Harone of Haro			
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	211 LOCATIO	IN.				
ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY OFFICE	FARM ETC)	STREET		CITY OR TO	NWN	COUNTY	STATE
	AT WORK		01	1	4.5	11-	/	W a	
		tol) ottended the deceased from	0.71	61	. 19 8 4		, 19	-	that (I) (we) I
100	sow the deceased alive an above, (I) (we) (did) (did no	t) view the body after death.	, one	I that in (my) ((our) opinion (death occurred on the d	ate and hour o	nd from the	couses stated
	226 SIGNATURE	Tarlo 1		EGREE				22c DATE	SIGNED
	4	Jarthal M.	D.		TTENDING PHYSICIAN [MEDICAL STA		19/	7/198
	224. PHYSICIAN'S NAME ITYPE O	RPRINT)		22e ADDRESS					1 012
	FAHIM	FARHAT, M.	D.	G00.	D SAM	MARITAN I	40SPITI	4L 01	E IND
	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CE	METERY OR C	REMATORY	23d LOCATION		OUNTY	STATE
	Burial	9/12/87 A	Arbutus	Mem.	Pk.	Arbutus	, Md.		31816
24 FL	JNERAL DIRECTOR					E REC'D. BY REGISTRAR	1 .		_
	Wm C March Wes	t 4300 Waha	sh Ave		SFF	1 4 1987	Julia D	corden.	Pandale

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

STATE OF MARYLAND

5630 SEP	FOR STATE	HELEN	I	DEPART		EALTH AND MENTACHY ICATE OF DEATH			566	5
0 0 0 0 01	1. DECEASED NAME	FIRST		MIDDLE		AST	REG. N		DAY YEAR	26 HOUR A
9 ^ E	(TYPE OR PRINT)	3.13H		MATE	THE PARTY OF TAX	VICTID	SEPTEMBE	0 10	1987	5:30 M
poge r deot	3. SEX		1 RACE	MAE	FUNKHO Is. DATE O	The second secon	A AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
or, p	J. SEA .				MONTH	DAY YEAR			MONTHS DAYS	HOURS MIN
B	FEMALE		WHITE			CH 15,1897	90	YRS.		
4 32 20	7a. BIRTHPLACE (S	TATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNT	Y OF DEATH	
見能なつ	MD.	1	US	A	WIDOW		TO 4 - (T) T > 4	ORE		MD.
1 1//	10 CITY OR TOWN	OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
t 13/1/	Battimor			AGNES HO			H. MAKER		HOM	E
1 1/ 100	USUAL RESIDENCE	HE NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)					
2/ 64	13a. STATE	COUN		13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	d St	. 208	77
22	MD. H FATHER'S NAME	MONT		GAITHER	SBURG	15. MOTHER'S MAIDEN N		1 50	. 200	2 6
15 /1 3	FIRST		MIDOLE	LAST		FIRST	WIDDLE	CID.	ATTEOD D	Τ,
10/3/	ROBERT		ARD	NELSON		ROSABELL	- ADDR		AWFORD	
28 40	160 WAS DECEASED		MED FORCES? E WAR OR DATES)	166. SOCIAL SEC	URITY NO.	17 INFORMANT				
	NO			578-12-	1284	M. James Ga	artner, Jr.	Same		MATE INTERVAL ONSET AND DEATH
been signed by the place and the place is greater by the place of the	gave rise cause (a), underlying	R SIGNIFICANT C	DUE TO, O		DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	20b IF YE	Yea WEN IN PART IN	nGS USED
26 231 1	E			-			YES NOW		ES 🗌	NO 🗆
o physical control of the control of	OD CONTOURING	WAS UNDERLYING UNDERLYING CAUSE OF DEA		M) MONTH	DAY YEAR		RRED (ENTER NATURE OF INJU	IRY IN ITEM 18	PART (OR PART 2)	
and of the state o	(IF EITHER NO. 21d. INJURY C	NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	FARM, ETC 1	211 LOCATION STREET	CITY OF 10)WN	COUNTY	STATE
and	220.1 certify	that (1) (this hospit	tal) attended t	le_deceased from	71	19 8	1.10 9/10	,	, 19 8 7	that (we) last
2 4 6 9 4 5 2 4 6 9 4 5	sow the	deceased alive an.	9/	919_	87.0	nd that in (my (aur) pinia	n death occurred on the d	ate and ha	ur and from the	couses stated
D P to E	22b SIGNATO	(we) (did not	f) view the body	rafter death		DEGREE			22c DATE	SIGNED
2 0 20 2	an					ATTENDING	MEDICAL STA	FF	9/1	0/87
should be de with the Stot	22d. PHYSICIA	IN'S NAME (BYPE OF	R PRINT)			228 ADDRESS	LOSp: tal			
5 g 5 g g	23e BURIAL, CREMA			23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
BP	(SPECIFY)			12 1004	TAVIDO	MOVITTE	LAYTONSV	TITE	MONT.	STATE
DI	BURIAL		l sept.	12,1987	LAITU	NOATER	1 LATIUND	TUUC	MUNT.	MD.

DHMH - 16 50M 1/BI (VRA 15, 4)

24 FUNERAL DIRECTOR
MURIEL H. BARBER

LAYTONSVILLE, MD. 20879

SEP 1 4 1987 Julia Devider Control

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

Wm. March F/H West 4300 Wabash Avenue

10/3/87

23b DATE

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

Landsdown

23c NAME OF CEMETERY OR CREMATORY

Zion Cemetery

Md

220 DATE SIGNED

26 HOUR

126 KIND OF BUSINESS OR

21224

NO T

STATE

STATE

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

YES T

COUNTY

CENTER

COUNTY

WALLEY THE LAND THE

1	FOR
ı	STATE REGISTRAR

	1 -	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	-	201	
2	1.9R	CASED NAME FIRST	MIDDLE	i i	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		Glore	ge LAWFENC	E GIC	indner Jr.		9	2187	13:30 M
	3. SE		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	II UNDER 24 HRS
		Male	White	MONTH	DAY YEAR	52	YRS.	MONTHS DATS	HOURS MIN.
parts!		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OFDEATH	
	13	alti, MO	USA	WIDOWE		Balti	mon	e ci-	Ey. MD.
	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATE			F BUSINESS OR
	1	Baltimore	U.M.C.C	, ADDRESS,		Salesman		Lawn/	'Garden
2	USUA 130 S	AL RESIDENCE (IF NURSING HOME CONTACTS 13b. COL	DR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	719 CODE		
4		MO BO	0.5 0 0 0	mone.	YES X NO			w Ave.	21211
	14. FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		1455	
0		GROYGE	Gard	ner	Mary	WIDDLE		Ped	one
	()	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES!	URITY NO.	17 INFORMANT	ADDRE			04.044
			-1963 219 - 30	-7463	Edna M. Gardı	ner 4311 Gra	andvi	ew Ave.	21211
		18 CAUSE OF DEATH (Enter o	only one couse per line for (a), (b), or	nd (c).)				APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
		PART I. DEATH WAS CAUS	ATE CAUSE (0) Respins	Hory	correct.				
		THE SHALL S	DUE TO, OR AS A CONSEOU	ENCE OF					
	1	Canditions, if any, which	(16) metasta	54	Lung Can	cer.			
		gove rise to immediate cause (0), stating the	DUE TO, OR AS A CONSEQU	ENCE OF	0				
		underlying couse last.	(c)						
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONE	DITION GIV	EN IN PART 110	
	5								
7	S	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY2		S, WERE FINDIN FYING CAUSES I	
2	CERTIFICATION				No.	YES NO		S 🗍	NO 🗌
9		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	PART 1 OR PART 2)	
1	MEDICAL	(# EITHER NOTIFY MEDICAL EXAMINE		19					
	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
		AT WORK AT WORK							
		220 I certify that (I) (this hasp saw the deceased alive a	oital) attended the deceased from.	00	20 19 39			/	hat (I) (we) last
		abave, (1) (we) (did) (did n	view the body after death.	/	d that in (my) (our) opinian o	leath accurred on the do	ite and hau		
		226. SIGNATURE	James		ATTENDING	MEDICAL STAF		221. DATE S	SIGNED
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		PHYSICIAN L	DIRECTOR PHYSIC	IAIA	1/10/	/
1		EUN MI	PARIL		zand S. Gra	cene street	. 0	imac	

DHMH - 16 60M 7/84

(VRA 15, 4)

9-24-1987 Burial

Lakeview memorial Park Sykesville, Carroll, Maryland

24 FUNERAL DIRECTOR Burgee-Henss Funeral Home 3631 Falls Road 250 DATE REC'D. BY REGISTRAR TAB REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIEND

64946 STA -92 CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 24 DATE OF DEATH DECEASED NAME MONTH DAY YE AR 26 HOUR TYPE OR PRINTS 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS 5 DATE OF BIRTH & AGE IN YEARS LAST BUTTHDAY 3 5FX MONTHS DAYS lack BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [18 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION
(TYPE OF WORK FOR MOST OF WORKING LIFE) 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTR MUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 1136 COUNTY CITY OR TOWN 134 INSIDE CHY LIMITS? YES P NO [IN FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO ORUNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IL CAUSE OF DEATH (Enter only one cause per line for (ph. (b), and ich PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL YES [210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN STATE NOT WHILE AT WORK AT WORK 220 1 certify that (1) (this hospital) attended the deceased fram that (I) (we) lost saw the deceased alive an_ and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated above, (1) (we) (did) did not) view the basty after death 226 SIGNATURE DEGREE 224 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 27 MPHYSICIAN'S NAME LITYPE OR PRINTE 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATO 23b. DAJE STATE 25s. DATE REC'D. BY REGISTRAR 25L REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR mindren Randelle

DHMH-16 25M (VRA 15, 4) 1/79 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYTAND . 13

669

					7
EPARTMENT	OF HI	ALTH	AND	MENTA	TAYGIENE
CEI	RTIF	CATE	OF	DEATH	

٦	. 2	REGISTRAR			CERTIF	ICATE OF DEATH	F	REG. NO.		
ľ		CEASED NAME FIRST	M	IDDLE	- L	AST	20 DATE OF DE		DAY YEAR	26 HOUR
ı	Chi	arles	w.		Ganl	24	Septemb	er 21.	1987	M
ľ	sex	(4 RACE		S. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
ı	mau	le	white		12/0	7/01 PAY YEAR	86	YRS	The same of the same of	HOURS MIN.
17	a BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	VHAT COUNTRY?	8.	D NEVER MARRIED	1. BALTIMORE	ITY OR COUN	ITY OF DEATH	
L	Mai	ryland	USA		WIDOWE	,	Baltimo	no		MD
Ť	O CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a. USUAL OCC		126. KIND C	OF BUSINESS OR
L	Ca	tonsville	Frederi	CR VILLA	AUURESSI		electri		sel!	
1	USUA	AL RESIDENCE (IF NURSING HOME IT ATE 136 COL		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADD	RESS		
l	Md	Bal	timore	Arbutus		YES NO Z	1228 No	rih Ave	nue	21227
		THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME	IDDLE	LAS	. 7
1	Wil	lliam A. Ganle	t!			Blanche A. S		DOLE	100	31
T		AS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
ľ	NO	ES, NO OR UNKNOWN) IF YES, C	2	17-20-37	12 M	is. Shirley S	Stevens.	925 Le	eds Aven	ue.
f		18 CAUSE OF DEATH (Enter	only one cause per I	ine for (a), (b), one	d <u>(</u> c).)		10	Table?	APPROX SETWEEN	MATE INTERVAL ONSET AND DEATH
ı	- 1	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	LOW	9.	TRUCT	+au	ma		
ı		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		AS A CONSEQUE	1260	C 0/1/1				
ı		Conditions, if ony, which	(1b)	AS A CONSEGO	7	120010				100
ı		gave rise to immediate cause (a), stating the	DUE TO OR	AS A CONSEQUE	NCE OF					
ı		underlying couse last.	(6)	710 71 201 102 204						
l	NO		CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OF	CONDITION	GIVEN IN PART I	0
1	5	90 DATE OF OPERATION	1% CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS		YES, WERE FINDI	
1	CERTIFICATION						YES N		RTIFYING CAUSES YES [NO _
1	200.00	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF	INJURY	AY YEAR	SICHOW INJURY OCCUR	RRED (ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PART 2)	
ı	S S	(IF EITHER NOTHY MEDICAL EXAMIN		۸.	19					
ı	MEDICAL	21d. INJURY OCCURRED	21e. PLACE O	FINJURY ET FACTORY OFFICE F	ARM FIC I	211 LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
I	*	NOT WHILE AT WORK				C-	7 0	121	0~	
I		22a I certify that (1) (this has	pital) attended the	deceased from 7	7	100 - 19 0	, to	101	. 19	that (1) (we) lost
ı		saw the deceased alive a above, (I) (we) (did) (dig)	not) view the body o	ofter death.	c. or	nd that is (my) (aur) apinion	deoth occurred or	the date and h	nour and from the	causes stated
ı		22 SIGNATURE	ADA		M.	DEGREE	/		22c. DATE	SIGNED
I		1290	400	1	1197.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	91	23/87
1		22d. PHYSICIAN'S NAME TYPE	2/	2		22a ADDRESS				1
1		Dr. Elmo M.	Jau 10. M.	ν.		5411 Old F	rederick	Road 2	1228-744	-3950

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTO should be detached to with the State Dept. of ORTANT, # H

230 BURIAL, CREMATION, REMOVAL 73 DATE 9/24/87 24 FUNERAL DIRECTOR Ambrose Funeral Home 1328 Sulphur Spring Rd.

1331 NAME OF CEMETERY OR CREMATORY OUTON Park Cemetery

1334 LOCATION BALLAMORE City Maryland STATE

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

Julia Division Rudall

STATE OF MARYLAND 66234 SEP 18 CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN X (TYPE OR PRINT) Gloria Gardner DEATH MATED 4. RACE. 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 49 MARRIED NEVER MARRIED WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USt FOR / U. Baltimore E. Federal 13h COUNTY 138. INSIDE CITY EIMITS? 13e STR 14. FATHER'S NAME CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY Cirrohsis of Liver IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Alcoholism gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? BURIAL, SHOULD BE 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED CENTER 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 220 | certify that I took charge of the remains described HEAD (ONLY Autopsy death resulted from Accident Hamicide Natural causes TITLE (SPECIFY)

A BALTIMORE CITY OR COUNTY OF DEATH
Baltimore City, MD JAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS
nemployed OR INDUSTRY
est ADDRESS 05 t. Federalst.
e Keen e
Gardner Federal
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART ONLY HEAD ONLY YES NO [
NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2}
CITY OR TOWN COUNTY STATE
Inquiry, and in my opinion
ICAL EXAMINER SIGNED 9/17/87
St., Balto., Md. 21201
Basto, COUNTY N STATE
REGISTRAR 256 REGISTRATE SAMATURA COMPANY

16/19

16/19 87

87

07/B4

DHMH - 17

(VR A15 ME (5))

24 FUNERAL DIRECTOR

EXAMINER'S NAME

TYPE OR PRINT

Dennis F. Smyth, M.D.

250. DATE REC'D. B'

Penn

23d. LC

066285

18

injury, or other trib

5

FOR STATE REGISTRAR		DEP		EALTH AND ME		IENE REG.	25	67	1	
DECEASED NAME	FIRST	MIDDLE		LAST		2a. DATE OF DEATH	MONTH	DAY YE	EAR 26	HOUR
(TIPE ORPRINI)	Jane		Grav	dner			9	16 8	57 6	0600 M
SEX		RACE	5. DATE O			6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I	YEAR IF	UNDER 24 HRS
FEMALE	В	LACK	MONTI	29	33	54	YRS		DATS HO	OURS MIN.
a BIRTHPLACE (STATE OF	R FOREIGN 76	CITIZEN OF WHAT COUNT	MARRIE WIDOWI	D NEVER MA	RRIED D	9. BALTIMORE CITY BALTIMORE	_	TY OF DEAT	/H	MD.
O CITY OR TOWN OF DE	1	NAME OF HOSPITAL, NU	IRSING HOME (NOITU	120, USUAL OCCUPA (TYPE OF WORK FOR MOS			STRY	USINESS OR
BALTIMORE USUAL RESIDENCE (IF NO		ST AGNES H				DISABLED		5/	N/A	-
MD 4. FATHER'S NAME ERST	131 COUNTY	40 BALTIM	ORE	136. INSIDE CITY YES N 15. MOTHER'S A	AAIDEN NAA	136. STREET ADDRESS		ACE AP	PT 14	01/
JOHN		WHI	TE.	SA	RAH				LYNC	H
60 WAS DECEASED EVE (YES, NO OR UNKNOWN)	R IN U.S. ARME	AR OR DATES]	SECURITY NO.	17 INFORMAN		ADD	AA	iV.	Plan	067
NO		242-54	-5195	WILLIAM	GARDI	NER 4505	1,101	IKa		E INTERVAL ET AND DEATH
Conditions, if on gave rise to in cause (a), state underlying cause (b) PART 2 OTHER SIGNATURE OF OPER.	nmediate ing the se last	DUE TO, OR AS A CONSE 1c) NOTITIONS CONTRIBUTING AS OULAR A 196 CONDITION FOR WE	TO DEATH BUT	NOT RELATED TO	VARY	IN AL DISEASE OR CO	20h IF Y	ES, WERE F	INDINGS USES OF	
216 ACCIDENT WAS U	NDERLYING	216. TIME OF INJURY		21c HOW INJU	RY OCCURR	RED (ENTER NATURE OF IN				<u>.о П</u>
	CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR							
214 INJURY OCCU		21e PLACE OF INJURY		211 LOCATION		CITY OR	TOWN	COUN	.TY	STATE
saw the decea	ised alive an (did) (did nat) v	ottended the deceased from	~ /	DEGREE	ur) apinian d	death occurred on the	dote and h	our ond from		t (I) (we) last ses stated
224. PHYSICANISM	AND REAL PROPERTY OF	FERNANDET			ST Aga		ICIAN -	00 ch	100	Tave
30 BURIAL, CREMATION	, REMOVAL	23b DATE	23c NAME OF	EMETERY OR CR	EMATORY	23d LOCATION CITY OF TOWN		COUNTY		STATE
BURIAL		9/21/87	GARRIS	ON FORES		OWINGS N				MD
FUNERAL DIRECTOR WM. NAC. MAR	CH F/H	INC. 1101 E.	SNORTH .	AVENUE	SE SE	P 1 8 1987	R 25b REGI	STRAR'S SK	- 0	dass

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please the with the State Dept. of Health and Mental Hygiene prior to burial, creft.

IMPORTANT: If them 21 is marked or them 18 shows any

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

25672

10.1	GISTRAR	MEDICALEXA	MINER 3 CERTIFICATE	OF DEATH REG NO.	
1.0	CEASED NAME FIRST	WIDDIE	LAST	20 DATE KNOWN K MONTH	DAY YEAR 16 HOU
	Grego	ory C.	Garner	OF ESTI-	
3. SE		5 DATE OF BIRTH 6 AGE	(IN YEARS IF UNDER 1 YR. IF UND		DAY YEAR 24 HOU
M	ALE BLACK	12 3 55 3		PRONOUNCED DEAD 9/	30/19 87 2:45 P
	IRTHPLACE (STATE OR OREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MAI	PRIED A PALTIMORE CITY OR COUP	
	ARULAND	4.5.	WIDOWED DIVO		ZV. MI
ID C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		178 USUAL OCCUPATION LIVE OF WORK	126 KIND OF BUSINESS OR INDUSTRY
	Baltimore	5306 Ethelbert		FOR MOST OF WORKING LIFE) WEMPLOYED	OK INDUSTRI
	AL RESIDENCE (IF IN NURSING HOME OF ATE 136 COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	DMISSION)	13. STREET ADDRESS	225
	1ARY/AND -	BACTIN	TORE YES NO		CT AVE.
14. F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAI		1457
	FREZEXIE	GARNE	ER MO	IliE MIDDLE S	TATON
160	WAS DECEASED EVER IN U.S. AR	WAR OR DATEST		ADDRESS	
	NO	220-6	4-4591 CHAR	7	
	18 CAUSE OF DEATH (Enter on	nly ane cause per line far (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
10	PART T DEATH WAS CAUSE	TE CAUSE (a)	Narcotic Intoxi	cation	
		DUE TO, OR AS A CONSEQUE	NCE OF		
12	Canditions, if any, which gave rise to immediate				
	cause (a) stating the under-		NCE OF		
	ying cause last.	(c)			
1	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE OR CONDITION GIVEN IN	PART) igi	
Z					
IFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
H					YES NO
CERT	21a EXTERNAL CAUSE WAS	716 TIME OF INJURY	21¢ HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM IS PART I OR P	43
	UNDERLYING OR	DEATH 2:35 P.M. 9/ 30/	87 subject use	d drugs	
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (ATHO	ME. 211 LOCATION		
×	WHILE NOT WHILE AT WORK	street, FACTORY, FARM, ETC.) bathroom	5306 Ethelhe	rt Ave., Balto. City	TATE TATE
		ge of the summy day ibed above, held		tian Inquiry and in my o	ppinion
	death resulted from Natu	rol courses Aff Accident Ly	1 (Undetermined manner X,	
	ACTUAL A DOLL	h TX h	LA TITUE (SPECIFY)	n+ DATE	10/1/07
0	SIGNATURE	me July	/ WALLESSISTA	nt MEDICAL EXAMINER SIGN	10/1/87
	EXAMINER'S NAME	nic F Smuth M D	111	Donn St Balto	(d 21:201
-		nnis F. Smyth, M.D		Penn St., Balto., N	ia. 21201
23a.1	SURIAL, CREMATION, REMOVAL		MEM. PK.	138L LOCATION CHYPORTOWN CACTION ORE	UNTY STATE
-	NUMBIA	0/0/	1.01.11	NACIINIORE	1143
	LINERAL DIRECTOR		1ac		610514 51:05
24.1	UNERAL DIRECTOR NAME FILE PHOLICIAN	ADDRESS .	25a. DAT	E REC'D. BY REGISTRAR 256 REGISTRAR'S	SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

66256 SEP 1	8 87	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
a 7-4		CEASED NAME FIRST RUTH	E	• GA	RRISO:	N.	9-16-8°	MONTH DAY YEA	3 30 AM	
pe 4 may com, prog s after de	3 SE)	FEMALE	4 RACE WHITE		5 DA(0:3)	SEBIRT03- 14 0 0 3 14	6 AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS. ATS HOURS MIN.	
Poor Pro		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	HAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	BALT:	EMORE CITY	MD.	
10 11 11 17	10 CI	altimore		OSPITAL, NURSIN FACILITY, GIVE STREET		PROTHER INSTITUTION	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST OF SALESPERSO	OF WORKING LIFE) INDUS	ID OF BUSINESS OR TRY T. STORE	
TLAND 2120 this 24 has though be fine	USU/ 13a S	TATE 136 COU		Ralfimor	N	13d INSIDE CITY LIMITS? YES NO []	13. STOZER ADARESE 2814 EX	raman Ave	enue 21213	
	14 FA	THER'S NAME MAURICE	MIDDLE HAR	PZELL LAST		GRACE	MIDDLE		SELL	
SALTIMORE, Procing to the Control of	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES?	216 033°	179 + 79	PATRICIA S	SPARKS (DGHT)		RGREEN AVE.	
physicia physicia popped movel, the		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly one couse per li ED BY TE CAUSE (a)	Resp		in arrest		BETW	POXIMATE INTERVAL EEN ONSEL AND DEATH	
DS, 201 W. PRESTON quires shot the death or signed by the ottends han please remove cor to buried, cremplian, or other traumath	NOI	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b) DUE TO, OR (c)	AS A CONSEQUE AS A CONSEQUE SHOLL NITRIBUTING TO 1	Ction ENCE OF Ce	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PAR	T tro	
DIVISION OF VITAL RECORDS NG PHYSICIAN. The law requirements of the buried from a permit. The physician hand Meetical Hopers price to the ond Meetical Hopers price to orked or them 18 thems convention.	FICAT	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FII IN CERTIFYING CAU YES		
SICIAN, The property of proper	AL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	A. MONTH DA	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INSE	RY IN ITEM TE PART I OF PAR	1 2)	
DIVISION DING PHYS or otherdring After this or e os the bur oilth and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY ET FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	Y STATE	
Do do E		22a.1 certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did n	9-16	19	87.0	nd that in (my) (our) opinio		ote and hour and from	that (I) (we) lost the causes stated	
AL OR ATTEN v the hospitol AL DIRECTOR detached for u or to Dept. of H		226 SIGNATURE	erunu	pyr 1	10		MEDICAL STA	FF \	1-16-87	
TO HOSPITAL (retained by the retained by the TO FuneRal Lishould be detained with the Store Committee to the Committee of the Policy of the Po		22d PHYSICIAN'S NAME LIVE	Merr	yman		Mera	1 Hosp.			
BP		BURIAL, CREMATION, REMOVA	9/19	/87 G	ARDEN	EMETERY OR CREMATORY S OF FAITH	BALTIMOR		MD. STATE	
DHMH - 16 60M 7/84	24 F	NAME 3331 Brohm	FUNERAL	HOME, I	NC. 21	213	EPT 8 1987*	256 REGISTRAR'S SIG	MOURE	

(VRA 15, 4)

	1	X	3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21701	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 four retained by the haspital or attending physicion.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely illiculus should be detacthed for use as the burnal-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be with the State Dept of Health and Mental Hygiene prior to burnal, cremation, or removal.	IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at other troumatic event, the medical extends the contract of the c

ST DEPARTMENT O

ATE OF MARYLAND	250/	
F HEALTH AND MENTAL HYGIENE		
TIFICATE OF DEATH	050 NO	

		1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		NE REG. NO	5) /	-
669	29 SEP 28	DE	CEASED NAME	FIRST		AIDDLE		AST	2			DAY YEAR	26 HOUR
	ny be			RUTH		MIN		AYO		0	9/2	13/87	2155 从
	rector. pours ofter	3 SEX	FEMA	UF	1. RACE WHIT	TÉ	5. DATE O	OAY YEAR		AGE (IN YEARS LAST BIRTH	YRS.	FUNDER 1 YEAR	HOURS MIN.
	1235	7a BI	Maryland	OREIGN	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED		Balto.		OF DEATH	MD.
5/	X 138	10 CI	TY OR TOWN OF DEA Baltimon	TH	Univer	HOSPITAL, NURSING STREET HOSPITAL HOS	G HOME (ADDRESS) Pital	OR OTHER INSTITUTION	N	20 USUAL OCCUPATIO	N WORKING LIFE	126 KIND C INDUSTRY	OF BUSINESS OR
02120	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13a S	AL RESIDENCE (IF NURS) TATE Md.	13b COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR 13L CITY OR TOW Baltim	N	TES CT NO		3. STREET ADDRESS /		Road 2	1206
MARYL	mpletely ond 2 2 s	I4 FA	THER'S NAME FIRST Frankli		G.	Gavo		15 MOTHER'S MAIDER		MIDOLE M.		Heid	
BALTIMORE, MARYLAND	n and co		VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	219-11-		Mr. Frankl	lin (ADDRES	S		
W. PRESTON ST.,	Conditions, if any, which gave rise to immediate					R AS A CONSEQU	ENCE OF	aloy an	nen (factore		BETWEEN	MAIE INTERVAL ONSET AND PEATH
DIVISION OF VITAL RECORDS, 201	The low requires the control of the	CERTIFICATION	190 DATE OF OPERAT	9/Ca	196 COMDI	actorie,	does	N Was PERFORMED	turns	YES NO	206 IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED
N OF VIT	SICIAN: ng phys certifica unal-troi entol H)	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	1405 P.	m. MONTH D	AY YEAR	Motor Ve	CCURRE	D (ENTER NATURE OF INJURY RE ACCICLEN	IN ITEM IS PA	ART I OR PART 2}	
DIVISIO	offer this os the but had a street or the sorked or the so	MED	21d. INJURY OCCURR	ILE WI	21e PLACE (OF INJURY EET, FACTORY, OFFICE, I	ARM, ETC	211 LOCATION	in di	1 grifton	Back	country /	STATE (CL)
	of H s S		220.1 certify that (I) sow the decease abave, (I) (we) (d	d alive an	9/13/	87 10	0.00	ed that infinitely gury op	wif		Spirit Com	and From the	that (I) (we) last causes stated
	- f - f - f		226 SIGNATURE	ineli	ell. f	liver_	mer	DEGREE CEATURE AND IN	ING APPR	MEDICAL STAFF DIRECTOR PHYSICIA	AN P	9/2	SIGNED 3/87
	retained by the TO FUNERAL should be detuying the State With the State MPORTANT:		22d PHYSIČIAN'S.NA VIRT	ME (TYPE OR		AxEm	K	27e ADDRESS	EMS				
			SURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATO		234 LOCATION CITY OR TOWN		COUNTY	STATE
	BP	24 FI	Burial JNERAL DIRECTOR		Sept.2	28,1987 M	lorela	nd Memoria		Baltimore REC'D. BY REGISTRAR 2		Maryl	and
	DHMH - 16 60M 7/84 (VRA 15, 4)		Leonard	J. Ru	ck Inc.	Bal timo	re, Ma		SEF	25 1987	1	coider. X	A

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	og .	Pour de	ei.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within the interdeath. Poregined by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely literate the funeral dir should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages, and 2 should be filed within 72 hou with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examiner must be notified at ance.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ifico	phys	vent
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the buriol-transit permit. Then please remove carban paper with the State Dept of Health and Mental Hygiene prior to buriol, cremotion, or removal.	AA.
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	O se	543	₹-

e		CEASED NAME FIRST	MIDDIE	C = =		ONTH DAY YEAR 26 HOUR
nours offer death	3. SE		TON 14. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	
5	3. 36	MAI E	BLACK	10 28 42	44	YRS MONTHS DAYS HOURS
at buce		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR	
Post of the		Ci Ty	BON SECOURS	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
and the	13a S	AL RESIDENCE (IF MURSING HOME OF TATE MD	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	VN 13d INSIDE CITY LIMITS YES YES NO	2212 PRESSIM	MANOSTREET 21216
Swall of the state		02111011		IS MOTHER'S MAIDEN LUCTLLE	MIDDIE	SMITH
medicol	16a V	VAS DECEASED EVER IN U.S. AL YES NO OR UNKNOWN) (IF YES G	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) N/A	LUCILLE GEE	ADDRESS 2212 PRESSTM	
5 2 5	1		DUE TO OD AS A CONICTOUR	THE OF COVERS DIX	area Carpi	omyopathy
orior to burial, cremotion, arrangements in injury, or other traumatic	ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CONSEQU		ERMINAL DISEASE OR CONDIT	TION GIVEN IN PART ITO
I permit. Then please remore the prior to burial, cremo ows any injury, or other tr	ERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TI	200 AUTOPSY? YES NO	TION GIVEN IN PART 110 106 IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES \(\sigma \) NO \(\sigma \)
oched for use as the bund-transip permit. Then please remove to be to the Health and Mental Hygiene prior to burial, cremoul Hem 21 is marked an Item 18 shows any injury, or ather the	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stofing the underlying couse lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINI 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK Sow the deceosed office o obove, (I) there (did) (distributions). SIGNATURE	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH ATH (B) 21b TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	DEATH BUT NOT RELATED TO THE TO H OPERATION WAS PERFORMED OAY YEAR 19 216 HOW INJURY OCC STREET 9 19 19 19 19 19 19 19 19 19 19 19	20g AUTOPSY? YES NO URRED (ENTER NATURE OF INJURY PROTECTION OF TOWN	TION GIVEN IN PART ITO TO IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO COUNTY SI. COUNTY SI. THE DATE SECTION
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(VRA 15, 4)

ly filled in by the funeral director page 3 should be filed within 72 hours after death 🔾

FOR STATE

STATE OF MARYLAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20.05														
(TYPE OR	ASED NAME	FIRST		NIDDLE		ST		2a. DATE	OF DEATH	HINOM	DAY	YEAR	25 HOU	R
		Fran	•	1 -	0	era		09	126/	81			10:3	SA
3 SEX	Male	4.	RACE	to	5. DATE O		YEAR	6. AGY	INTENSTREET	WINDAY	IF UNDER	I YEAR	IF UNDER	24 HRS MIN.
			whil	-	01	05	23		64	¥RS.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PN 10-91
	HPLACE (STATE OR F	FOREIGN 76	CITIZEN OF V	WHAT COUNTRY?	8.	NEVER	MARRIED -	9. BALTI	MORE CITY	OR COUNT	TY OF DEA	ATH		
	laryland		0.	SA	WIDOWE		NORCED [3]		Baltin	nore C	ity			M
of the second	or town of DEA	ATH 11	(IF NOT IN SUCH	iospital, nursin HFACILITY, GIVE STREET aven Veto	ADDRESS)			(TYPE OF	ALOCCUPA WORK FOR MOST etired	OF WORKING		(IND OF JSTRY	BUSINE	_
13a STA	RESIDENCE IF NURS ATE ary And	13b. COUNTY	ER INSTITUTION,	13c CITY OR TOW		13d. INSIDE	CITY LIMITS?	13e.STRE	et Address	ZIP COL	. 7	Itino.	RHD	21.
14 FATH	Francis	MID	T.	last Ger	ra		'S MAIDEN NA FIRST LYN	ME	WIDDIE		S	eye	r	
	S DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU		17 INFORM	ANT		ADD	RESS				
1163.	yes	WW I		216-18-	3704	Brend	la McCai	rthy	4216 C	colb A	ve.	212	06	
	Conditions, if ony,		DUE TO, OR	LUNA (Ca (CI)	VOMO	with	Meta	gstase	ofr	bian	V		
P	Conditions, if ony, gave rise to imm couse (o), statin underlying cause ART 2. OTHER SIGN	nediote ig the lost.	DUE TO, OR	AS A CONSEQUE	DEATH BUT N	NOT RELATE		ainal dise		20b. IF YI	ES. WERE I	ARI IIO	GS USED	1?
P	gave rise to imm couse (o), statin underlying cause ART 2. OTHER SIGN a. DATE OF OPERAT	nediote ig the lost. NIFICANT CON	(b) DUE TO, OR (c) NOTITIONS CO	AS A CONSEQUE	DEATH BUT N	NOT RELATE	D TO THE TERM	AINAL DISE	ASE OR COL	20b. IF YI	ES, WERE I	ARI IIO	GS USED	1?
CERTIFICATION 100	gave rise to imma couse (a), statin underlying cause ART 2. OTHER SIGN (a) DATE OF OPERAT (a) ACCIDENT WAS UND OR CONTRIBUTING (b) CONTRIBUTING (c) CONTRIBUTI	mediate g the lost. NIFICANT CONTION DERLYING CAUSE OF DEATH	DUE TO, OR (c) NDITIONS CO 19b CONDITIONS 21b TIME OF HOUR A.A.	AS A CONSEQUE INTRIBUTING TO I TION FOR WHICH INJURY A. MONTH DA	DEATH BUT N OPERATION AY YEAR	NOT RELATE	D TO THE TERM	AINAL DISE	ASE OR COL	20b. IF YI	ES, WERE I	ARI IIO	GS USED	1?
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SEP 29

ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO SED NAME 20 DATE KNOWN AMONTH OF ESTI-DEATH MATED 11 19 87 Germers hausen 4. RAC DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 2d HOUR SEX IF UNDER 24 HRS DATE DAY LAST BIRTHDAY 12:05 PRONOUNCED 11 10 87 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City DIVORCED WIDOWED _ 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1/26 KIND OF BUSINESS OR INDUSTRY Southern District Police Station Baltimore VITH FORM PAGES I A DIVISION I IF YES, GIVE WAR OR DATES 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH UD MENTAL HYGIENE, DI ION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hanging DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. E, WRITING THE WORD "PEND WARDED TO THE CHIEF MED. PAGE 3 SHOULD BE USED AS A JUSTICATE OF PREATTH AND ME TATE DEPARTMENT OF HEALTH AND ME 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 🗌 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING SOR HOU文文文 MONTH DAY YEAR 10 1987 CONTRIBUTING CAUSE OF DEATH Subject hanged self 21e PLACE OF INJURY (AT HOME 21f. LOCATION 214 INJURY OCCURRED AT WORK NOT WHILE Southern District Police Station, BaltoCity, MD STREET, FACTORY, FARM, ETC.) iail cell PAGE 4 SHOULD SECTOR: P.
TO FUNERAL DIRECTOR: P.
AFIER DEATH, WITH THE ST.
RATIMORE, MARYLAND, 2 27s. I certify that I took charge of the remains described above held on Inspection and in my apinian death resulted from Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 9/11/87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. Balto.MD. Penn St. **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 065349 SEP-1487 REG. NO. (TYPE OR PRINT) ESTI-OF Warren. Gibson Terry 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED DEAD 76 CITIZEN OF WHAT COUNTRY 74. BIRTHPLACE MARRIED NEVER MARRIED Navulland WIDOWED DIVORCED B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Unemployed (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Francis Scott Kev Medical Center DR STATE 136 COUNTY 13d. INSIDE CITY LIMITS? Baltimore Md. YES XX NO A FATHER'S NAME IS MOTHER'S MAIDEN NAME Ann 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (IF YES, GIVE WAR OR DATES) Unknown No TB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DALLIMORE, MARYLAND, 21201 PRYOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY PRESTON ST IMMEDIATE CAUSE (a) Multiple Gunshot Wounds DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 10.23PM 9-6-87 Subject shot by Police 21d INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) building Autopsy X 22a I certify that I took charge of the remains despribed above, held an Inspection Natural course Hamicide 3 Undetermined manner

Dennis F. Smyth,

harles S. Zeiler & Son Inc. 6224

M.D.

STATE OF MARYLAND

20 DATE KNOWN DEATH MATED 19 87 2d HOUR 11:42 1987 DM BALTIMORE CITY OR COUNTY OF DEATH Baltimore City USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY linton St. 21224 Schuldt ADDRESS Ann Gibson 819 S. Ponca Street 21224 BETWEEN ONSET AND DEATH 20 AUTOPSY? YES . NO 416 S. Clinton Street, Baltimore City, Balto., and in my appropri sistant MEDICAL EXAMINER 111 Penn Street, Balto., MD 21201 23d LOCATION as twood. SEP 1 0

07/84

DHMH - 17

(VR A15 ME (5))

EXAMINER'S NAME

230. BURIAL, CREMATION, REMOVAL 236. DATE

(TYPE OR PRINT)

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(VRA 15, 4)

065184 SE

STATE OF MAKILAND	0
DEPARTMENT OF HEALTH AND MENTA	HYGIENE
CERTIFICATE OF DEATH	

5

101/2001	1-	FOR STATE REGISTRAR			DEPART			D MENTAL HYG F DEATH	IENE REG NO			2
1 0 4 OSET 1			RENIC		R.	GILB	ERT		Sept. 5,	1987	YEAR	26 HOUR
rctor pag	3 SE	Female	4 RA	White	2	S. DATE O		1910	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
eath Pag neral dire in 72 haur	7a Bi	RTHPLACE (STATE OR FOR	EIGN 7b C	USA	HAT COUNTRY?	MARRIED WIDOWE		R MARRIED DIVORCED	Baltimore city of	ore Ci		MD.
by the fu		Baltimon	e L	ong G	OSPITAL, NURSIN L'ACILITY, GIVE STREET TREEN	ADDRESS] URALIN	10		120 USUAL OCCUPATI LITYPE OF WORK FOR MOST OF HOMEMARE	F WORKING LIFET	INDUSTRY	Home
filled in could be	13a. S	AL RESIDENCE (IF NURSING STATE 13	HOME OR OTHER	EINSTITUTION C	Balto.	E ADMISSION) VN	YES 🗶	E CITY LIMITS?	130 STREET ADDRESS 2	zip code zke St	., 21	212
ampletely and 2 d	2	ALbert	WIDDI		Reich	Le		FIRST	WIDDIE	Lange	nbach	ien
medical		VAS DECEASED EVER IN (ES. NO OR UNKNOWN)	U.S. ARMED IF YES, GIVE WAR		166 SOCIAL SECT	8660	W.	_	albert,	Sa		
fificate E mayal. vent, the		18 CAUSE OF DEATH (PART I. DEATH WAS	Enter only one CAUSED BY		ine for tal this ar	haveo	e	Cancer	_		BETWEEN	MATE INTERVAL ONSET AND DEATH
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n. nos been sig permit. The ne prior to t ws any injur	CERTIFICATION	19a DATE OF OPERATION	holes	196 CONDIT	ION FOR WHICH	OPERATION	N WAS PER	RFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
CIAN: The physicion in physicion in inficore in ol-tronsit atal Hygie em 18 ske		218. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	SE OF DEATH	216. TIME OF HOUR A.A	A. MONTH D	AY YEAR	21c HOV	/ INJURY OCCUR	RED (ENTER NATURE OF INJU			
G PHYSh offending er this ce is the burn and Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e PLACE C			211 LOCA	ATION REET	CITY OR TO)WN	COUNTY	STATE
ALOR ATTENDIN the haspital ar- AL DIRECTOR, After detached for use a site Dept of Health T. If them 21 is man		270. I certify that (1) (1) saw the deceosed above (1) [we] (did 27b. SIGNATURE						ATTENDING	MEDICAL STA	.FF		
O HOSPITAL For FuneRal Should be default the State APORTANT:		Robert J.	,	ing,	MD			00 N. Ch	arles St.	., Bal	to.,	MD
BP		BURIAL, CREMATION, RE		9/9/c	87	Wood	Lawn	OR CREMATORY	WoodLai			ND STATE
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	H.W.	Jenk	ins, ADDRESS	2/2/2	5	25° SE	PO 9 1987	25b. REGISTR	AR'S SIGNAT	Media

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and constitutional man the state of the burial-transit permit. Then please remave carban papers. Pag. with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.	TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a second physician.
	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and confirmment they then should be detached for use as the burial-transit permit. Then please remove carbonpapers, Pagis, and Seld Metal Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	4.	,		
Ŧ	L DEC	SED NAME FIRST		MIDDLE	L	AST			AY YEAR	26 HOUR	
•	- F- DE	- PRINT)	liam	J.	Cila	No.2 0		9 21	4 1987	H	A
	3 SEX		I RACE	U.	5. DATE C	dea Sr	6 AGE (IN YEARS LAST BIRT	HDAY	IF UNDER I YEAR	IF UNDER 34	MRS
	J JLA	Male	White			uary 3,1909	78	YRS	ONTHS DAYS		MIN
1	7a BIF	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O	R COUNTY	OF DEATH		
1	1	New Jersey	USA		WIDOWE	D NEVER MARRIED	Baltimore				MD
7	y cr	TY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	NC		F BUSINESS	OR
1		ltimore City	The U	CHEACILITY, GIVE STREET A	rial	Hospital	Pharmacis			Drug (Co.
6	130 S	TATE 136 COU	or other institution INTY timore	130 CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO X	340 Steve	ZIP CODE	Lane	21204	
0	J-FA	THER'S NAME				15 MOTHER'S MAIDEN NAM			A COLLY		
51	1	John	Gi]	dea LAST		Annie	WIDDLE		Moran		
	16a V	VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	555904	Cobalt	Pd	_
4	(Y	NO (IF YES G	IVE WAR OR DATES)	212-07-8	027 A	William J. G			esda, M		816
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		220. I certify that (1) (this hasp saw the deceased alive a above, (1)(we) (did) (did n 22b SIGNATURE			ar, ar	od that in (my) (our) opinion of DEGREE	, to	ite and hour			
		DHa		in MD		endent - ATTENDING PHYSICIAN	MEDICAL STAR	F IAN []	9/2	4/87	1
		DWARKA VE			A.F	THE UNION	MEMORIAL	HOS PI	TAL		
	230 B	BURIAL, CREMATION, REMOVA SPECBULIAL	236 DATE 9/26	/87 23c. N		EMETERY OR CREMATORY Cathedral	23d LOCATION Baltim				à
	24 FU	JNERAL DIRECTOR		ADDRESS	6500	York Rd. 250 SAT	EPETS O MISSIAR	256 REGISTE	BABISEIGNAR	unsolath	
	Mit	tchell-Wiedefe	ld Home,	Inc. Bal	to.,	Md.21212		J			2 .

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1

						DEATH.			
	CEASED NAME FIRST	MIDOLE		AST .	20. DATE OF	DEATH MC	D HINC	AY YEAR	26 HOUR
1	BARBAR	2.A E.	GI	ILLIS		9	2	5 87	8 50
3. SE2		4. RACE	5 DATE C		6. AGE LINY	ADS LAST BIDYIND		IF UNDER I YEAR	IF UNDER 24 P
3. 3E		. RACE	MONTH		D. AGE (INTI	AKS LAST BIKTHU	_	ONTHS DAYS	HOURS M
	FEMALE	CAUCASIAN	9	20 16	7	1	YRS.		
7a. BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	RY? 8	W	9. BALTIMO	RE CITY OR		OF DEATH	-
	COUNTRY)	LICA		NEVER MARRIED	410.	1	0		
	MARYLAND	0.3.71	WIDOWE			MORE		46	
10 C1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY GIVE STR		OR OTHER INSTITUTION		FOR MOST OF W		126 KIND C	OF BUSINESS
P	BALTIMORS	SOUTH BALTIMOR		200 Ham	House	wife	ORKII O LII L	Home	Maker
USU/	AL RESIDENCE (IF NURSING HOME OR			The Property		14			
130 S	STATE 136 COUN	TY I3c. CITY OR TO	OWN	134 INSIDE CITY LIMIT	S? 13a STREET A				
	MARYLAND =	= BALTIA	work	YES NO	3800	4 te	St.	7	1225
14. FA	ATHER'S NAME FIRST	MIDOLE LAST		15. MOTHER'S MAIDE	NAME				
5		10 -		FIRST		MIDDLE		E-00	
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SE		MAUDE 17 INFORMANT		ADDRESS	T) 7.1	FORR	
		1237 A CI BO DANG BY	_		04774	Ol MT C	Balt	o Md 2	1201
	No	219-2	2-3621	Clinton I.	GIIIIS	124 11 (narı	es st	Apt II
	18 CALISE OF DEATH (Enter on	du one cause per line for (a) (b)	and (c) 1					APPROX	MATE INTERVA
	PART I. DEATH WAS CAUSE	oly one cause per line for (a), (b), D BY: TE CAUSE (o) CARD IA	4.0	Ch . April				BETWEEN	ONSET AND DE
	IMMEDIAT								
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	Conditions, if ony, which gave rise to immediate	(b) Hout	Kesp. 1	Distress Sys	droms.				
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ATION	gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEC	OUENCE OF	NOT RELATED TO THE	TERMINAL DISEASE				
FICATION	gave rise to immediate couse (0), stating the underlying couse last	DUE TO, OR AS A CONSEC (c)	OUENCE OF	NOT RELATED TO THE		PSY?	Ob. IF YES.	WERE FINDI	NGS USED OF DEATH?
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WEDICAL WEDICAL	gave rise to immediate couse couse lost stating the underlying couse last PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER MOTIFY MEDICAL EXAMINER OF CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING AUSTRALIA CAUSE OF DEA (IF ETHER MOTIFY MEDICAL EXAMINER OF CONTRIBUTING OR CONTRIBU	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 CE, FARM ETC.) TO DEATH BUT O	NOT RELATED TO THE N WAS PERFORMED 216. HOW INJURY OC 216 LOCATION STREET 4. 19 d that in (my (507) poi DEGREE ATTENDIN PHYSICIA 220 ADDRESS 3001 S. L.	TERMINAL DISEASE 200 AUTO YES CURRED (ENTER NAT CURRED MEDICAL IN DIRECTOR AND DIR	CITY OR TOWN CITY OR TOWN STAFF PHYSICIAL TION	POB. IF YES, N CERTIFY YES N (TEM)B PA	WERE FINDI YING CAUSES COUNTY	NGS USED S OF DEATH? NO STATE that (I) we) causes stated
WEDICAL WEDICAL	gave rise to immediate couse lost, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT OF THE COUNTY OF T	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 CE, FARM ETC.) TO DEATH BUT O	NOT RELATED TO THE N WAS PERFORMED 216. HOW INJURY OC 216 LOCATION STREET 4. 19 d that in (my (507) poi DEGREE ATTENDIN PHYSICIA 220 ADDRESS 3001 S. L.	TERMINAL DISEASE 200 AUTO YES CURRED (ENTER NAT CURRED MEDICAL IN DIRECTOR AND DIR	CITY OR TOWN CITY OR TOWN STAFF PHYSICIAL TION	OD. IF YES, N CERTIFY YES	WERE FINDI YING CAUSES COUNTY	NGS USED S OF DEATH? NO STATE
WEDICAL WEDICAL	gave rise to immediate couse couse lost stating the underlying couse last PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER MOTIFY MEDICAL EXAMINER OF CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING AUSTRALIA CAUSE OF DEA (IF ETHER MOTIFY MEDICAL EXAMINER OF CONTRIBUTING OR CONTRIBU	DUE TO, OR AS A CONSECTION [c) [ONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHITE [Jib. TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE OF INJURY) [AT HOME STREET, FACTORY, OFFICE OFFICE OF INJURY (AT HOME STREET, FACTORY, OFFICE OFFIC	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 CE, FARM ETC.) TO DEATH BUT O	NOT RELATED TO THE N WAS PERFORMED 216. HOW INJURY OC 217. 19 4 that in (my Gov) points PHYSICIA 218. ADDRESS 300/ S. Le EMETERY OR CREMATO OVE Cemeter	TERMINAL DISEASE 200 AUTO YES CURRED (ENTER NAT CURRED MEDICAL IN DIRECTOR AND DIR	PSY? INDICATE OF INJURY IN CITY OR TOWN CITY OR TOWN And the date STAFF PHYSICIAL THOM	Ob. IF YES, N CERTIFY YES N CITEM 18 PA	COUNTY 9 81 ond from the	that (I) well causes stated

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

21R7	REGISTRAR		CLICITI	ICATE OF DEATH	REG. NO.		
	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYP	E OR PRINT)	0 0	Givi	ner	9/22/87		115 Am
3. SE		4 RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Fenale	White	MONT 2	DAY YEAR	87 YR:		HOURS MIN.
	IRTHPLACE STATE OF FOREIGN "	76. CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
I	RUSSIA	USA	WIDOW		Balt. City		MD.
11	Belt.	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST Single / Hosp	REET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	GLIFE) INDUSTRY	HOME
130	AL RESIDENCE (IF NURSING IOME OF STATE (13) COUL		OWN	134 INSIDE CITY LIMITS? YES NO X	136 STREET ADDRESS / ZIP CO	Ja 21212)goer EA
M F	ATHER'S NAME FIRST ABraham	MIDDLE Abramson	7	15 MOTHER'S MAIDEN NA		IE H	POSNANSK)
	WAS DECEASED EVER IN U.S. AR			17 INFORMANT ME	RS.GLORIADBROOKS	5	
-	NES, NO OK UNKNOWN) (IF TES, GI	218-30	e-8033			BALTO., MI	21215
NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE b) Prell r DUE TO, OR AS A CONSE	QUENCE OF	T NOT RELATED TO THE TERM	ainal disease or condition		01/87
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATIO	DN WAS PERFORMED		YES, WERE FINDI	
EDICAL CER	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM	IS PART (OR PART ?)	
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
	saw the deceased alive at abave, (1) (we) (did) (did no	oital) attended the deceased from 122 1 at) view the bady after death.	~ /		death accurred an the date and	haur and fram the	
	THE SIGNATIONS	ms			MEDICAL STAFF DIRECTOR PHYSICIAN	9/2	12/87
	ZRSh~	1		Green Span	y + Belorde	- Be	It md
230	BURIAL CREMATION REMOVAL	23h DATE	36 NAME OF	CEMETERY OR CREMATORY	23d LOCATION		

MPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic event, them

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

BURIAL 24 FUNERAL DIRECTOR SOL LEVINSON

SEPT.27,1987

CHIZUK AMUNO

BALTIMORE

MARYLAND

BALTO., MD 6010 REISTERSTOWN RD.

21215) C T 1987 PREGISTRAR 256 REGISTRAR SSIGNATURE

Hubbard Funeral Home, Inc. 4107 Wilkens Ave

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15. 4) physic

other

CERTIFICATION

MEDICAL

Then please

0 prior

burial-transit permit. Mental Hygiene pria

8

morked or

MPORTANT: If Item 21 should be detached with the State Dept

TO FUNERAL DIRECTOR. After this certificate has been

hospitol or

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAN

poge 3

STATE OF MARYLAND

)	8 8 TATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO								
	1 DECEASED NAME FIRST	MIDDLE 1.		LAST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
(TYPE OR PRINT) JUAN I		TA	GL	AVIANO		9	16 87	12:10P M		
	3 SEX	4 RACE		OF BIRTH		& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEA			
	Female	White	MONT 6	28	21	66 YRS	MONIHS DAT	S MOURS MIN		
	70 BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	D NEVER	MADDIED [9 BALTIMORE CITY OR COUNT	TY OF DEATH			
2	Ohio	USA	WIDOW		NORCED	Baltimore C	ity	MD.		
1	10 CITY OR TOWN OF DEATH		OSPITAL, NURSING HOME OR OTHER INSTITUTION + FACILITY, GIVE STREET ADDRESS)			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
1	Baltimore	Bon Secours	Hospital			Homemaker				
2000	USUAL RESIDENCE HE NURSING HOME 130. STATE 13b. COL		TOWN	13d INSIDE		13e STREET ADDRESS / ZIP COO 432 Furrow Stre		222		
_	Maryland HARTHER'S NAME	IDaitin	lore	YES X	S MAIDEN NA	1	eet, Zi	223		
P	FIRST	MIDOLE			FIRST	MIDDLE		LAST		
U	James	Alison Kenr	nard		Lulu		Le	ster		
		ARMED FORCES? 166 SOCIAL S	SECURITY NO.	17 INFORM	ANT	ADDRESS				
	No	278-18				laviano, 432 Fu	32 Furrow Street			
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse per line for 1006 SED BY ATE CAUSE (a)	raiac	av	ost		BETWEE	N ONSET AND DEATH		
	Conditions, if any, which	DUE TO, OR ALA CONS	NENCEOBB	STRUCC	IEPUL	Man DIS.				
	gave rise to immediate	10)								

DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 19g DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M

214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN SIREET AT HOME STREET FACTORY OFFICE FARM, ETC.)

220.1 certify that (1) (this hospital) and that in (my) (our) apinion death occurred on the date and have and from the causes stated saw the deceased alive an abave, (I) (we) (did) (did nat DEGREE

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

7929 STEVENSON Road

ATTENDING

Pikesville

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DR. SBOROFSKY

23c NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery 234 LOCATION CITY OR TOWN Baltimore

MEDICAL

Maryland

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

236 DATE

9/19/87

250. BATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE SEP 18 1987 wesidon. Pandals

STAFF

YES [

COUNTY

BP

4 may be

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10			U.
20 DATE OF DEATH	HIMOM	DAY	YEAR	26 HOUR
SEPTEMBER	2 7.	1987		4:47

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	CEASED NAME FIRST	N	IDDLE	Į	AST	20 DATE OF DEATH MO	INTH DAY YEAR	26 HOUR	
Civ	STEFA	ANIA		G	LAZER	SEPTEMBER 7	7, 1987	4:47A.M	
3 S	SEX	4. RACE	1 -5 - 6 - 1	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHD			
-	FEMALE	CAUCA	SIAN	OC.	TOBER 15, 1898	89	YRS MONTHS DATS	HOURS MIN.	
70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	0	D NEVER MARRIED	9 BALTIMORE CITY OR			
1	POLAND	U.S	.A.	WIDOWE		BALTIMORE (CITY	MD.	
/10.	GITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	128 USUAL OCCUPATION		OF BUSINESS OR	
A	BALTIMORE		OSPITAL	ADDRESSI		HOUSEWIF			
7 130	UAL RESIDENCE (IF NURSING HOME OF		13c CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / Z			
1	MARYLAND		BALTI	MORE	YESXX NO 1	7032 SURREY	DRIVE 212	215	
00	FATHER'S NAME UNKNOWN	MIDDLE	BUKSBA	UM	ZISEL	WE	UNKNOW	N N	
	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS			
	NO NO OR UNKNOWN) (IF YES, GI	TE WAR OR DATES;	215-40-1	482A	ALFRED GLAZE	R 7032 SURRE	Y DRIVE. 2	21215	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per D BY: TE CAUSE (0)	line for 101, (b), on	on	yocarled	infarites	MINGE	Constitute of the constitute o	
ATION	gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(Ic)	AS A CONSEQUE		NOT RELATED TO THE TERM	NIMAL DISEASE OR CONDIT	ION GIVEN IN PART 1	liot	
CERTIFICAT	198 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH! YES NO YES NO			
MEDICAL CER	OR CONTRIBUTING TO CAUSE OF DE	ann a	A. MONTH DA	AY YEAR		RED (ENTER NATURE OF INJURY IF	NITEM IS PART (OR PART 2)		
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY EET, FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
	22a. I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	aug 19	19 (nd that in (my) to pinion DEGREE ATTENDING		224 DAT	-	
	22d PHYSICIAN'S NAME TYPE DR. MANUEL	DR PRINT LEVIN	em	11-2	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAL K HTS. AVE.	NO 17/	1/0)	
23a	BURIAL, CREMATION, REMOVAL	236 DATE	מפו	'AMPOFC	SIVE BENEFPI	E PRANTAIPH CTO	IATNI		
	BURIAL	9/8/87			ASSOC. CEMETE			MD	
24	FUNERAL DIRECTOR SOL LE	VINSON 8	BROS I	NC.	25a. DAT	E REC'D. BY REGISTRAR 254			

DHMH - 16 60M 7/B4 (VRA 15, 4)

UNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 21215

BP.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumotic

66855 SEP 2	518	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MEN	ITAL HYGIENE	2 5	080
4	0.0	REGISTRAR		CERTIFICATE OF DEA		REG. NO	
noy be poge 3 r deoth		EASED NAME FIRST OR PRINT) CDNA	MIDDLE	GLOVE	20 DATE OF DE	ATH MONTH DAY	87-8,06 M
ge 4 moy ector poc	3. SE)	-emale 4.R	Black	5. DATE OF BIRTH	YEAR 4 83		UNDER LYEAR IF UNDER 24 HRS
heath. Page 72 hours 72 hours			USA	MARRIED NEVER MAR	RRIED 9 BALTIMORE	CITY OR COUNTY O	CIAY MD
by the fu	Bo	VORTOWN OF DEATH 11.	NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI	ING HOME OR OTHER INSTITU		CUPATION R MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
filled in fulled in multiple	130 5	L RESIDENCE HE NURSING HOME OF OTHE TATE 136 COUNTY	13c CITY OR TO	WHY 134 INSIDE CITY	LIMITS? 13. STREET ADD	PRESS ZIP CODE	107e 37.3
MARYLV The rely The 2 sk	14 FA	THER'S NAME FIRST MIDD	LE LAST	15 MOTHER'S MA		HODLE	LAST
BALTIMORE,		(AS DECEASED EVER IN U.S. ARMED ES, NO OR LINKNOWN) (1F YES, GIVE WA		1609 Cathern	e Sparrow	address a446	WILGREY CT
W. PRESTON ST., or the death certific by the ottending ph ss remove corbon p cremation, or remo other troumatic even		18. CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE C. Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last.	(:	SEPS / S HUENCE OF REWY	- STAPH re FAIL ettere M	unto	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2 5 5 5 5	TION	PART 2. OTHER SIGNIFICANT CON	- 6 1	Leur	mea		VERE FINDINGS USED
VITAL RECO	CERTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFORM	YES N	O YES	NG CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir rether this certificate has been signed the burial-transit permit. They the and Mental Hygiene prior to be the and Mental Hygiene prior to be orked or Item. 18 shows any injury		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	RY OCCURRED (ENTERNATUR	E OF INJURY IN ITEM TB. PART	I I OR PART 2)
DIVISION ING PHY after this tos the bu ith and M innorked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFIC	-/-		ITY OR TOWN	COUNTY STATE
END olo olo OR: A Heol		22a I certify that (I) (this haspitall sow the deceased all above, (I) (we) (charilla and the control of the co	attended the deceased from 19		ir) opinion death occurred o	n the date and hour a	ond from the causes stated
A # A T. I. I		226. SIGNATURE	backen a		ENDING MEDICAL SICIAN DIRECTOR	STAFF PHYSICIAN	224 DATE SIGNED
TO HOSPITAL retained by th TO FUNERAL should be det with the Store IMPORTANT:		22d PHYSICIAN'S NAME (TYPE OR PRI	on work	LIS	GRTY ME	DICAL	CENTER
BP		SPECIFY Burial	9-22-87 1	MT. ZION CE	metery Balt	more, Mi	aryland STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	-	NAME Thompson F.	H. P.O. BO.	x 4433	256 DAYE REC'D. BY REG SEP 23 19	15TRAR 256 REGISTRA	ARS, SIGNATURE Jandson-Kondall

DHMH - 16 50M 1/81 (VRA 15, 4)

22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN MICHAEL K St. Agnes Hospital 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL (SPECIEY) 9/4/87 Meadowridge Mem. Pk. Elkridge Howard Maryland Burial BY REGISTRAR SIL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Hubbard Funeral Home, INc. 4107 Wilkens Ave.

STATE OF MARYLAND

DAY

IF UNDER LYFAR

INDUSTRY

26 HOUR

126 KIND OF BUSINESS OR

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LAST

Gas & Elec.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

#DE	TEASTER AME	FIRST	N	VIDDLE	U	ASI	70. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
A BIRTHPLACE (STATE OR FOREIGN ON DIFFERENCE OF COUNTRY) 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MATYLAND GENERAL HOSPITAL 134 COUNTY 135 COUNTY 136 COUNTY 137 COUNTY 138 COUNTY 139 COUNTY 130 COUNTY 130 COUNTY 131 COUNTY 131 COUNTY 131 COUNTY 132 CITY OR TOWN 133 INSIDE CITY LIMITY (FEED OF DEATH OF COUNTRY) 134 INSIDE CITY LIMITY (FEED OF COUNTRY) 135 MOTHER'S MAIDE 14. FATHER'S NAME 15. MOTHER'S MAIDE 166 WAS DECEASED EVER IN U. S. ARMED FORCES? 167 COUNTRY 168 CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and Ici. 169 PART I DEATH WAS CAUSED BY. 170 IMPORMANT 18 CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and Ici. 18 CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and Ici. 18 CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and Ici. 18 CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and Ici. 18 CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and Ici. 18 CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and Ici. 19 DUE TO, OR AS A CONSEQUENCE OF 19 Adenocarcinoma of the pro-	N	September	: 14,	1987	9:30A					
1. SE	Х	WILDORT RACE S. DATE OF BIRTH MONTH BLACK S. DATE OF BIRTH MONTH WORK FR. S. DATE BLACK S. DATE OF BIRTH MONTH BLACK S. DATE OF BIRTH MONTH WORK FR. S. DATE BLACK S. DATE OF BIRTH MONTH WORK FR. S. DATE BLACK S. DATE OF BIRTH MONTH FR. S. DATE BLACK S. DATE OF BIRTH MONTH FR. S. DATE BLACK S. DATE OF BIRTH MONTH FR. S. DATE BLACK S. DATE OF BIRTH MONTH FR. S. DATE BLACK S. DATE OF BIRTH MONTH FR. S. DATE BLACK S. DATE OF BIRTH FR. S. DATE BLACK S. DATE OF BIRTH MONTH FR. S. DATE BLACK S. DATE OF BIRTH FR. S. DATE BLACK S. AGE (IN YEARS LAST BRIHDAY) BLACK FR. S. BALTIMORE CITY OR COUNTY OF DOWN BLACK FR. S. SUBLITION BLACK FR. S. SUBLITION BLACK FR. S. DATE BLAC	IF UNDER I YEAR	IF UNDER 24 HRS						
	m		BLA	ck		1647	64		MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR COUNTRY)	FOREIGN 7b.							M	
		ATH 11	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		TYPE OF WORK FOR MOST C	F WORKING LIF	FE) INDUSTRY	F BUSINESS OF
life.	STATE			13c. CITY OR TOW	N 1					2/223
J.F.	FIRST	MID	DIE	Godwi	·*	FIRST			Pou	bell
	YES. NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)						X/NGTO	n st
						inoma of the e	esophageal w	with	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	gave rise to im cause (a), stati	mediate ng the	DUE TO, OF	iffuse he	epation					
								DITION GIV	VEN IN PART 1	0
NO			1		14					
19a DATE OF OPERATION			196. CONDI	TION FOR WHICH	OPERATION	n was performed		IN CERTIF	FYING CAUSES	
EDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEATH	HOUR A.	M. MONTH DA		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TS P	PART I OR PART 2)	
VEDIV	21d INJURY OCCUR	RRED			ARM, ETC.)	211 LOCATION				

120.1 certify that \$h (this hospital) attended the deceased from September 14, we) (did) NIX Xot) view the bady after death.

FOR - STATE

REGISTRAR

M. C

ATTENDING MEDICAL STAFF
PHYSICIAN ADDIRECTOR PHYSICIAN

87, and that in (**X**y) (aur) opinian death accurred on the date and have and from the causes stated 220 DATE SIGNED

Harry Harris, M.D.

22e ADDRESS

c/o Maryland General HOspital

September

230 BURIAL, CREMATION, REMOVAL BURIAL

236 DATE

23c NAME OF CEMETERY OR CREMATORY NATIONAL

DEGREE

August 15

23d LOCATION BALTO.

STATE MD

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

(VRA 15, 4)

FUNERAL HOME 1129 N. CAROLINE St.

SEP 1 6 1987

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Er - L

SEP 1 6 1987 ALL TELL ...

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064959 filled in by the funeral director, page 3 moy be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, as retained by the hospital or attending physician. TO MOSPITAL OR ATTENDING PHYSICIAN The

Poges.

IMPORTANT: If them 21 is morked or them 18 seem

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DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

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9	87	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENT		ENE REG. NO				20=	
1		CEASED NAME	FIRST		MIDDLE	l	AST		20. DATE OF DEATH	MONTH	DAY Y	EAR	26 HOL	JR
	(1112	ON PRINTY	SE	R.	G	OELLER		September	r 7.	1987		8	A- M	
	3 SE	3 SEX 4 RACE				5. DATE O		FAR					IF UNDER	R 74 HRS
1		Female		White			y 16,1907	EAR	80	YRS	MONTHS	DATS	NOUKS	M IPs.
		IRTHPLACE (STATE ORF	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRI	IED 🗆	9 BALTIMORE CITY O	R COUNT	Y OF DEA	TH		
4	Georgia U.S.				1.	WIDOWE			Baltimor	e Cit	у.			MD.
1	(IF NOT IN S				HOSPITAL, NURSING HEACHITY, GIVE STREET A Crofton Ro	DDRESS)	OR OTHER INSTITUTI	ION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Ret Wes	F WORKING	IFE) INDU	STRY	F BUSIN	ESSOR
2	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 STATE 136 COUNTY Maryland				GIVE RESIDENCE BEFORE 131. CITY OR TOWN Baltimor	V	13d. INSIDE CITY LIV YES 🔭 NO		13e STREET ADDRESS /	ZIP COD	Œ		239	
	1	ATHER'S NAME FIRST Linden		ugene	Richard			elia	Ani		Tou	ieht	ton	
/		WAS DECEASED EVER		ED FORCES?	166. SOCIAL SECUI		17 INFORMANT		ADDRE	_			171	
		Vo			216-09-9	1374	Mrs. Ann	na M.	Douglass	Same	as #	13e		
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CO				EATH BUT	NOT RELATED TO TO		20a AUTOPSY?	20b. IF YE	ES, WERE F	INDIN	GS USE OF DEA	D TH?
	CERT	218 ACCIDENT WAS UND		21b. TIME C		Y YEAR	21c. HOW INJURY	OCCURR	YES NO		PART I OR PA	RT 2)	NO [
	CAL	(IF EITHER NOTIFY MEDIC	CALEXAMINER)	P.	M.	19								
	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WORK	ILE 🗀	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	RM. ETC)	211 LOCATION STREET		C11Y OR 10	WN	COUN	ity		STATE
		220.1 certify that (1) saw the decease above, (1) (20) (d	ed alive on_	SEPTI	419	اه . حط			eoth occurred on the do	ate and ho			hat (I) (ouses st	oted
		le	160	Funda	MD		ATTEN PHYSI		MEDICAL STAF		216.	9/8	,	
		Samuel ()'Mans	cy, M.I					aven Blvd.	Apt	Α			
	23a. E	BURIAL, CREMATION, Specify) Cremation	REMOVAL	23b. DATE 9-10-8			iew Cemet		23d LOCATION CITY OR TOWN	Balt	county	e , N	lary	state land
		Leonard J.	Ruck,	Inc.	Baltimore	e.Md.		25a. DATE	EP 8 1987	25b REGIS	TRAR'S SIC		1	424

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(VRA 15, 4)

STATE OF MARYLAND & DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

П	0	FEGISTRAR		CENTIN	ICAIL OI DEATH	REG. N	0.			
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	
		2014		Col				4 87	8:27 M	
	3 SEX		4 RACE	5 DATE	OF BIRTH 1898 AR	6 AGE (IN YEARS LAST BI		ONINS DAYS	HOURS MIN.	
		temale	white	8	. 26 +895	7xx	89yrs			
4		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIE	ED NEVER MARRIED	9 BALTIMORE CITY O			MD.	
)	8	3ALTIMORE	LEVINDALE	"HEBREW		111 4	FOR MOST OF WORKING LIFE! INDUSTRYHOME			
5	13a. S	AL RESIDENCE (IF NURSING HOME OR NOT A JE MARYLAND 136 COUN		TOWN	13d. INSIDE CITY LIMITS? YES NO	Ĺ√E6ERI	E AVE.	21215		
)	14_FA	THER'S NAME UNKNOWN	MIDDLE SKLAR ⁴⁵¹		15 MOTHER'S MAIDEN NAA	UNKNOW		LAS	л	
	{ }	VAS DECEASED EVER IN U.S. AR. VES, NO OR UNKNOWN! (IF YES, GIV	MED FORCES? 166 SOCIALS VE WAR OR DATES) 216 - 1	32-645	5 LIGHT ST	R. ARTHUR		TO.,MD	21202	
		18 CAUSE OF DEATH (Enter on	ily one couse per line for (a), (b)	, and (c). (BETWEEN	MATE INTERVAL	
		PART I DEATH WAS CAUSE	TE CAUSE (o)	OCARI	DIAL INFA	RCTION				
		Conditions, if any, which	DUE TO, OR AS A CONSI		HYPERTEN	5102				
		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	FOUENCE OF			-			
		underlying cause last	(c)							
	_	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART TO	0	
2	CERTIFICATION					S. Male		3-9-4		
1	ICA	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY	S, WERE FINDINGS USED YING CAUSES OF DEATH?		
	RTIF					YES NO		YES NO		
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	RT I OR PART 2)		
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19		C 46 JU				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OF	FICE FARM ETC I	211 LOCATION STREET	CITY OR 10	OWN	COUNTY	STATE	
	<	AT WORK NOT WHILE				The state of				
		27a I certify that (I) (this haspi			19 26		74 1	9 87	that (I) (we) last	
		sow the deceased glive on obave, (1) (we) (did) (did na	at I view the body after death.	19_87.0	nd that in (my) (aur) apinion o	death occurred an the d	ate and hour	and Iram the	causes stated	
		226. SIGNATURE			DEGREE			22c. DATE	SIGNED	
		90	vai	ŧ	H.F) ATTENDING PHYSICIAN	MEDICAL STA		9-11	+-87	
		224 PHYSICIAN'S NAME (TYPEO	HEWAR		Ave. Balt	imole, A		w. Bel	'verduc	
		BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION		COHNTY	61415	
	L.	BURIAL	SEPT.15,1987	BETH E	L MEM. PARK	RANDALL	STOWN	BALTO.	MÔ	
		UNERAL DIRECTOR SOI		ROS, IN		E REC D BY REGISTRAR				
	60	10 REISTERSTOWN	N RD. BALTO	MD	21215 S	EP 1 7 1987	Gulia 1	Dunden.	Kandall	

N = William

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DHMH - 16 50M 1/B1 (VRA 15, 4)

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1 -	FOR STATE REGISTRAR			DEPART	TMENT OF H	E OF MARYLAN LEALTH AND ME ICATE OF DE	NTAL HYGI		2 5	0	2		
CU	EASED NAME	, IRST	,	WIUDIE	Ţ	AST		20 DATE OF DEATH	HTMOM H	DAY	2 / 1	26. HO	URZ
	Onther	PATRIC	IA	LOUISE		GOMER			9	15	81	4	AM
. SE	K	1	RACE		5. DATE C			AGE (IN YEARS LAS	BIRTHDAY)	MONTHS.	DAYS	IF UNDE	R 24 HRS
	FEMALE		WHI	TE	12	22	28	58	YRS				
	RTHPLACE (STATE C	R FOREIGN 7		WHAT COUNTRY	? I MARRIEI	D NEVER MA	RRIED -	9. BALTIMORE CIT	Y OR COUN	TY OF DE	HTA		
V	IARYLAND		U.S	.A.	WIDOWE		RCED I	BALTIMO	RE CI	ΓY			MD
	BALTIMORE	3	ST.	AGNES HO	ET ADDRESS) OSPITAI	DR OTHER INSTITU	NOITU	178 USUAL OCCUP (TYPE OF WORK FOR MC COMETITIO	ST OF WORKING		KIND OF USTRY HECH		IESS OR
	AL RESIDENCE (# N. TATE MARYLAND	136 COUNT		BALITIM	WN !	13d INSIDE CITY		130. STREET ADDRE 2216 WEST		PSCO	AVE.	2	1230
4 FA	THER'S NAME FIRST LOWFILL	м	DDLE	ALDERTO	ON	15. MOTHER'S MARY		MIDDLE E	E		STE	EVEN	S
	VAS DECEASED EVE (ES, NO OR UNKNOWN)		ED FORCES? WAR OR OATES)	166. SOCIAL SEC 219-22-		17 INFORMANT SANDRA		LLER 300		21229 CHAP		T. I	
z	Canditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS			R AS A CONSEQUE		NOT RELATED TO	THE TERMI	IINAL DISEASE OR CONDITION GIVEN			V IN PART TO		
CERTIFICATION	190 DATE OF OPER	NOITA	196. COND	TION FOR WHIC	H OPERATIO	N WAS PERFORA	AED	200 AUTOPSY?	IN CER		E FINDIN CAUSES (TH?
	210. ACCIDENT WAS U	CAUSE OF DEAT	216. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJU	RY OCCURRI	ED (ENTER NATURE OF			PART 2)	140_[
MEDICAL	21d. INJURY OCCU	WHILE	21e. PLACE	OF INJURY BEET, FACTORY, OFFICE	, FARM, ETC)	211 LOCATION STREET		CITY C	RIOWN	co	PINU		STATE
	220-II certify that say the deco obove, (1) two 726-SIGNATURE 726-PDSICIAN'S	ned alive on indidication	eres the book	19-13 19	87 , or	DEGREE	19 \$7 or) opinion d	MEDICAL DIRECTOR PHY	TAFF			ouses s	
3a E	SURIAL, CREMATION	- 1	236 DATE			EMETERY OR CRI		134 LOCATION CITY OF YOW	,	COUN	VIY		STATE
	CREMAT	CION	9/14/	87 9	SECURI	TY PROCE	SS CRE	M. CATONS	VILLE	BAI	TIMO	RE	MD.

24 FUNERAL DIRECTOR 74 FUNERAL DIRECTOR
NAME
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE

SEP 14 1987 Lia Dender Colore



STATE OF MARYLAND

filled in by the funeral director, page 3 ould be filed within

deoth. Page 4 may be

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

HYGIENE			T
		REG.	NO.

TYPE	OR PRINT)	A1/117	,	AIDDLE	G	AND AND	20 DATE OF DEATH MO	NTH DAY	1987 6			
3. SE	χ.	7777	4 RACE	-	5 DATE C	OF BIRTH 1907	6 AGE (IN YEARS LAST BIRTHO.		UNDER I YEAR	IF UNDER 24 HRS		
/	MAVE		CAN	CASIAN	OCT		79	YRS	NTHS BATS	HOURS MIN		
7a BI	RTHPLACE (STATE ORF	OREIGN		WHAT COUNTRY?	B	NEVER MARRIED X	9 BALTIMORE CITY OR		FDEATH			
	JEW JERS	EY	us	A	WIDOWE		BAVTIM	oki	CITY	MD.		
	BAVIMO	RE	LEVINVAN	E HEBROW	ADDRESS I	TRUCA HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W. SALESMAN	ORKING LIFE)	126 KIND O INDUSTRY HAR	DWARE		
130 5	ALRESIDENCE HE NURS	III COUN		13c. CITY OR TOW		13d INSIDE CITY LIMITS?	130 STREET ADDRESS / Z 108 E. WHA	P CODE	. 21	208		
14. FA	PINCUS	^	GO(DDMAN LAST		REBECCA	***************************************	PETLO	CK (AS	3		
	VAS DECEASED EVER		WED FORCES?	072-09-5		17 INFORMANT MRS 200 CHELL RD	. SANDRAADS REST		1085			
	PART I. DEATH W	AS CAUSE	y ane couse per D BY. E CAUSE (a)	/ - //	MIA				APPROXE BETWEEN C	MATE INTERVAL ONSET AND DEATH		
	Conditions, if any, gave rise to imm couse (a), statin underlying cause	nediote ig the	(b)_	R AS A CONSEQUI MULTI R AS A CONSEQUI	PVE	INFECTED V	tenbiti					
NOI	PART 2 OTHER SIGN DIABETES		UITUS,	PERIFHER	CAN V	NOT RELATED TO THE TERM	EASE, COPY,	ION GIVEN	VI7	2		
CERTIFICATION	19a DATE OF OPERA	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED			WERE FINDING CAUSES	OF DEATH?		
	210 ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA		M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	TEM 18 PART	I OR PART 2)			
MEDICAL	21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO	ILE (21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY OFFICE, I	FARM ETC)	21f LOCATION STREET	CITY OR TOWN	W.	COUNTY	STATE		
	saw the decease above, @(we) (c	ed alive on.	9	11 19	87.6	d that in (aux) apinion	death occurred on the date	and hour o		that (we) last couses stated		
	226. SIGNATURE	Eesh	'n	7	/	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAL		224 DATE 9/	SIGNED 11/87		
	ESTRE L			en,	my.	LEVINYME HE	BREN GERIATA	ese c	ANTAL	* Hosfin		
	SURIAL, CREMATION,		236 DATE SEPT. 14	10010		EMETERY OR CREMATORY W MEM PARK	23d LOCATION CITY OR TOWN	1	COUNTY	STATE		
		SOL L	EVINSON	& BROS.	INC.	W MEM. PARK	I BALTIMORE TE REC'D. BY REGISTRAR 236 P 1 5 1987	REGISTRA	R'S SIGNAT	MARYLAND		

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and come should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages, to with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, or other traumatic event, the medical

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL PYGIENE FOR - STATE 29 EFFISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 067.045. SEP REG. NO. 20 DATE KNOWN X (TYPE OR PRINT) OF ESTI-FRANCIS L. GOODWIN, JR. DEATH MATED 9 19 87 4 RACE IF UNDER 1 YR. TIF UNDER 24 HRS DATE OF BIRTH AGE (IN YEARS 2d HOUR 2c. DATE YEAR LAST BIRTHDAY PRONOUNCED 10;29 MAY 22 1925 62 WHITE DEAD MALE 19 37 O BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TYNEVER MARRIED FOREIGN COUNTRY USA WASHINGTON, D.C. DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TECH SERV, PRESIDENT Baltimore St. Agnes Hospital UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) INC. 3a STATE BL COUNTY 13d INSIDE CITY LIMITS? HILL DRIVE 20852 MARYLAND MONTGOMERY ROCKVILLE L FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST SABIN GOODWIN, SR IDA ELIZABETH FRANCIS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS LYES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! 578-28-0466 MARY A. GOODWIN/WIFE/SAME AS 13 1943-1946 YES 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM TO PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO THE CHIEF MEDICAL EXAMINER ALONG TO THE CHIEF ADDITION TO THE STATE DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEF BAJTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES SE NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK AT MAT WHILE STREET, FACTORY, FARM, FTC.) STREET CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Homicide Undetermined monner death resulted from: Notural causes Accident TITLE (SPECIFY) Deputy Chief ACTUAL 9-22-87 DATE SIGNATURE EXAMINER'S NAME Dixon, M.D. ADDRESS 111 Penn St., Balto., MD Ann M. (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 236 LOCATION 23c. NAME OF CEMETERY OR CREMATORY BURIAL SEPT25, 1987 FT. LINCOLN CEMETERY PRINCE GEORGES MD 07/84 BRENTWOOD 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE FRANCIS J. COLLINS, JR. **DHMH - 17** frie Davidson-Randall (VR A15 ME (5)) 500 UNIVERSITY BLVD. W SILVER SPRING, MD 2090

DELYPERAL DIRECTOR. After the certificate has been signed by the ottending physician any could be detached for size as the burnal transit permit. Then please remove corbon popers. Page in the state Gest of Health and Messal Hypers prior to burnal, cremation, or removal.

TO FUNERAL DIRECTOR, After this certificate has be

DHMH - 16 60M 7/8-(VRA 15, 4)

be sall injury, or other froumatic event, the

APORTANT If hem 21 it.m

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The free death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		2	5
REG.	NO		1

- 51	OR TATE EGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	2 5 5	7 5
(TYPE OR F	ASED NAME FIRST CARL	m F	GO	OSMA	AST .	20 DATE OF DEATH	MONTH DAY YEAR	6:00 an
3. SEX	MALE PLACE (STATE OR FOREIGN	4. RACE	50443	8	07/20/03 YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYE MONTHS DA YRS R COUNTY OF DEATH	HOURS MIN.
cour	MARKLAND	US	S A	WIDOWE		BALTIMOR	E CITY	MC
. B.	ALTIMORE	(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET AS GNES HOSP	DDRESS)	or other institution	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O RET/SUPER	F WORKING LIFET INDUST	D OF BUSINESS OR RY
13a STAT	TE VIII CO	OR OTHER INSTITUTION, GUNTY ALTIMORE	GIVE RESIDENCE BEFORE A 131 CITY OF TOWN CATONSVII		136 INSIDE CITY LIMITS? YES NO 🛣	13e.STREET ADDRESS 204 BLAK	ZIP CODE ENEY ROAD	21228
14 FATHE	LOUIS	WIDDLE	GOOSMAN		15 MOTHER'S MAIDEN NA/	WIDDLE		LEISS
	DECEASED EVER IN U.S.	GIVE WAR OR DATES)	212-05-39		LTLLTAN H.	GOOSMAN S	AME AS # 1	13
NOI	ART 2 OTHER SIGNIFICANT OF A DE MAN	t has	Sovere	C	N WAS PERFORMED	1	DITION GIVEN IN PART 20b. IF YES, WERE FIN IN CERTIFYING CAU	IDINGS USED
CAL	B. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF	DEATH HOUR A.M	M. MONTH DAY	YEAR	21c. HOW INJURY OCCURR	YES NO	YES T	NO []
A1	d. INJURY OCCURRED WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE, FAR	RM. ETC)	211 LOCATION STREET	CITY OR TO	wn county	STATE
7	a.1 certify that II (this has saw the deceased alive above, III (was did (did)). SIGNATURE	on 9-	29 10 %	1	DEGREE ATTENDING PHYSICIAN	death occurred on the d	22c D/	-, that (we) los the couses stated ATE SIGNED
220		PE OR PRINT)	454		220 ADDRESS 345	5 wil	Krn st	4,
23a 8UR SPEC	BURIAL	AL 236 DATE 10/3/2			EMETERY OR CREMATORY PARK	23d LOCATION CITY OF TOWN BALTIMOR	COUNTY M	STATE
	OX PMC & RUSS	ELL C. WI'	TZKE FUNE	RAL I	HOMES P.A. 250 DATE	E REC'D. BY REGISTRAR		

The state of the s

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STATE OF MADVIAND DE

JIMIL OI MARILANIO	6	
PARTMENT OF HEALTH AND MENTAL HYGIENE		
CERTIFICATE OF DEATH		

	1.	FOR STATE SEGISTRAR			DEP	ARTMENT OF H	EALTH AND N			G. NO.			\$	
	L BEC	CEASED NAME	FIRST	A	AIDDLE	Ł.	AS1	T	20 DATE OF DEA		ith DA	Y YEAR	2b HOU	R
	*{ TYPE	Charles	Jo	hn	G	orman			SEPT.	14,	198	7	201	0 4
1	3 SEX	X .	4.	RACE		5 DATE C			6. AGE (IN YEARS L	ASI BIRTHDA		UNDER ! YEAR	IF UNDIR	_
	-	Male		Whit	e	Jar	27, 1	917 P	70		YRS	MINS BAYS	HOURS	MIN,
	7a Bil	RTHPLACE (STATE ORF	OREIGN 76	CITIZEN OF	WHAT COUN	TRY? 8	NEVER M	APPIED []	9 BALTIMORE CITY OR COUNTY OF DEATH					
1		Maryland		USA		WIDOWE		ORCED	Baltimo	re Ci	tv		-38	MD.
	10 CI	TY OR TOWN OF DEA	TH II		HOSPITAL, NU		DR OTHER INSTITUTION 12a USUAL OCCUPATION 12b KIND OF BUSINESS OF							55 OR
	-	Baltimore				ial Hosp	ital		Quality	Engi	neer	Mac	hine	
7	13a S		13b COUNTY		13c CITY OR TOWN Baltimore				13e STREET ADDR 3806			Road 21218		3
di	14 FA	THER'S NAME	MID	0.5	LAST			MAIDEN NAM						17
1			Charle					osa osa	WID	DIE	Le:	itner) T	
2-		VAS DECEASED EVER		.S. ARMED FORCES? 166 SOCIAL SECURITY NO.			17 INFORMAL	VT	Δ	ADDRESS		0-11		
		Yes	WW		213-05	-6973	Mrs. M	ildred	Gorman	sam	e as	# 13	365	
	NO	Conditions, if any, gave rise to imm cause (a), statin underlying cause	which (nediate g the last	DUE TO, OR (b) DUE TO, OR (c)	R AS A CONS	EQUENCE OF			FARCTIO		ON GIVE	3 «	days	
	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WI	RMED	200 AUTOPSY	201 IN	CERTIFY	WERE FINDI	OF DEAT	H?		
	RTI	111					Va		YES NO		YES		NO [
		210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	HOUR A./	M. MONTH	DAY YEAR	21¢ HOW INJ	N/A	ED (ENTER NATURE C	DE INJURY IN	ITEM 18 PAR	T OR PART 2)		
	MEDICAL	21d INJURY OCCURE	ILE []	21e PLACE (FICE FARM, E1C }	21f LOCATIO	N	Clia	OR TOWN		COUNTY	s	EATE
		220 I certify that (I) saw the decease abave, (I) (we) (c	ed olive on	SEPT	14	CATT	13 d that in (my) (, 19 <u>87</u> aur] apinion di	eath occurred on	the date a	, 19		that (v	
		22b. SIGNATURE	nos	Tra	N, M			TTENDING HYSICIAN []	MEDICAL DIRECTOR PH	STAFF HYSICIAN	×	224 DATE	SIGNED 4-8	7
		22d. PHYSICIAN'S NA					22e. ADDRESS							
		Ann	S.	T	Ran	M.D.	Uni	on Memo	orial Hos	spita	1			
		SPECIFY)	REMOVAL	23b. DATE		23¢ NAME OF C	EMETERY OR C	REMATORY	23d LOCATION			COUNTY	5	ATE

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 shows any injury, at ather traumatic ev

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please removed the State Dept. of Health and Mental Hygiene prior to burial, crems

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etoined by the hospital or attending physician.

> Rurial 74 FUNERAL DIRECTOR 9/19/87

Parkwood Cemetery TSO DATE REC'D. Leonard J. Ruck, Inc. 5305 Harford Road 21214

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1919 Ann Calmer 149 200 -		normal)		in twint
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			am the state of th	- PY
	All the same of th			
The second function				

The transfer of the transfer o

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

YES X

5. DATE OF BIRTH MONTH

10

WIDOWEDX

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

190

DIVORCED

15. MOTHER'S MAIDEN NAME

2336

					4.7	
	REG. N	10.				
	2a DATE OF DEATH	MONTH	PAY O.S	YEAR 37	26 HOU	IR D
	6 AGE IN YEARS LAST BE	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
00	86	YRS	MONINS	DAYS	HOURS	MIN.
	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FRANCIS SCOTT KEY CENTER BALTIMORE CITY

130 CITY OR TOWN

BALTIMORE

166 SOCIAL SECURITY NO

212-32-3166

76 CITIZEN OF WHAT COUNTRY?

13e STREET ADDRESS 13d. INSIDE CITY LIMITS? NO [140 W. LAFAYETTE

MCCOULLOH ST

12ª USUAL OCCUPATION

TYPE OF WORK FOR MOST OF WOTH THE

MIDDLE

AVE

INDUSTRY

12b. KIND OF BUSINESS OR

14 FATHER'S NAME MIDDLE LAST UNK.

I (IF YES, GIVE WAR OR DATES)

136 COUNTY

FIRST

Laura

I STATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

17. INFORMANT ALICE TAYLOR - neice

UNK.

ADDRESS

UNK. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY WOMON IMMEDIATE CAUSE (a

4 RACE

LAST

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

190 DATE OF OPERATION

1. DECEASED NAME

(TYPE OR PRINT)

7a BIRTHPLACE

13a STATE

CERTIFICATION

MEDICAL

MD.

COUNTRY

IO CITY OR TOWN OF DEATH

3 SEX

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

2la	ACCIDENT WAS UNDERLYING
OR	CONTRIBUTING CAUSE OF DEATH
- (0	EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE AT WORK

21b. TIME OF INJURY

YEAR 19

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOF

CITY OR TOWN

STAFF

20s AUTOPSY?

HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM, ETC 1

21f LOCATION STREET

STATE

NO F

AT WORK 22a. I certify that (I) this harpital attended the deceased fram. 9-20

81 that () (we) last and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated

YES [

22h SIGNATURE

ATTENDING 22e ADDRESS

5200

PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

224 PHYSICIAN'S NAME (TAPE OF PRINT) 23a BURIAL, CREMATION, REMOVAL

236. DATE

9-22-87

231 NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION CITY OR TOWN

MEDICAL

COUNTY

BP

Removal (VRA 15, 4) State Anatomy Board

(SPECIFY)

ADDRESS Balto., Md 250 DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNAPURE

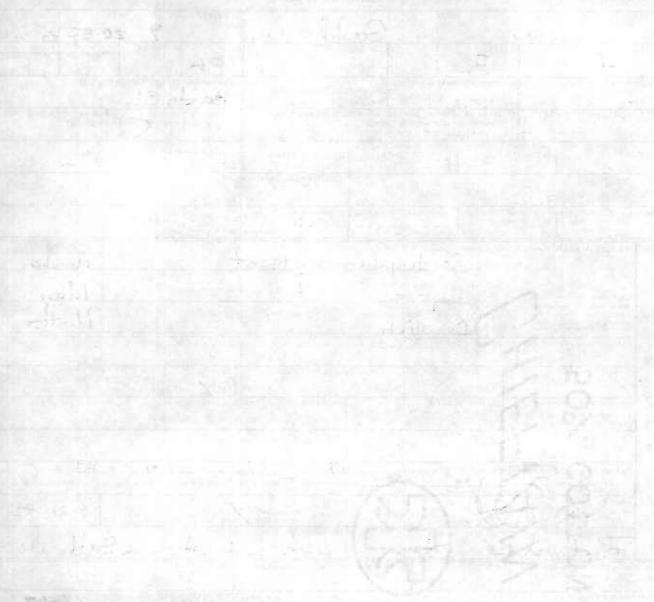
24 FUNERAL DIRECTOR DHMH - 16 50M 4/82

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should be deta with the State [IMPORTANT: H



	1-	18,20,21a,bcc FOR FilmG632 REGISTRAR	10/01/07	EPARTA ICAL E	XAMIN			TAL PYGIÉ	ATH	REG. NO.	MONTH D	DAY YEAR	75 HOUR
5 5 8 0 SEP 2	3 8 3. SEX	4 RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YEAL LAST BIRTHDA	RS IF UNI		UNDER 24 HRS	OF DEATH	MATED	9-18-	- 1987 DAY YEAR	7: 23 F
F NECESSARY ELINERAL DII ELINERAL DII ELINER	P BI	ale White RTHPLACE (STATE OR REIGN COUNTRY) aryland IY OR TOWN OF DEATH	75 CITIZEN OF WH USA	PITAL, NUR	SING HOME	8. MARRIE	D 0	R MARRIED DIVORCED DI	Bal SUAL OCCUP	timore	City	KIND OF BU	ME
IN THE PARTY OF TH	USU A 130. S	Baltinore L RESIDENCE (IF IN NURSING HOME CALL) ATE ATYLAND 13b COUN		Belve	dere	2123 e		103	ompute	er Oper	rator-	Tal	
THE DEATH FEEL OR NO. 12 AND THE PAGES I AND THE PAGES I AND THE PAGES I AND THE PAGES I AND THE PAGE I AND THE	14, FA	THER'S NAME JOHN VAS DECEASED EVER IN U.S. AR		Gr	aboski IAL SECURITY		15 MOTHER'S	MAIDEN NAM	AF	DOLE		Glago 2123	olia
A SEE	(Y	18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	En Mild	or (a), (b),				C. Gra		2066 E		vedere APPROXIMATI BETWEEN ONSE	EINTERVAL
IDS, 201 W. PRESTON ST XECUTED WITHIN & 4 HO NG" IN PENCIL-IN TIEM A JAIL EXAMINER LIDIX BURIAL TRANSI PERM AND MENTAL PROVAL		Canditians, if any, which gave rise to immediate cause (o) stofing the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS	(b)	AS A CON	SEOUENCE O)F	OR CONDITION GIV	YEN (N PART 1 a)					
HAL RECOND BE FROM THE MEDIT HE MEDIT H	CERTIFICATION	198. DATE OF OPERATION	196 CONDIT	ION FOR V	VHICH OPERA	ATION W	AS PERFORME	D?			2	NA AUTOPSY	, NO 🗆
S CERTIFICATE SHOUL RRITING THE WORD TH RDED TO THE CHIEF SE 3 SHOULD BE USED TE DEPARTMENT OF HE 201 PRIOR TO BUILD HE	MEDICAL CERT	716. EXTERNAL CAUSE WAS UNDERLYING XX OR CONTRIBUTING CAUSE OF 716 INJURY OCCURRED WHILE DOT WHILE DOT WHILE	DEATH P.M. 21e PLACE O	MONTH 9/1	DAY YEAR B 19 8"	7 su	bject	inges		ortri		ine	STATE
KAMINER: THI ERTIFICATE, W D BE FORWA IRECTOR: PAC WITH THE STA ARYLAND, 212	*	22a I certify that I took charge	home			20	66 E . Z y X . In Homicide		lnquiry	Balto ond		on	19-87
TO MEDICAL EXECUTE THE CIPE A SHOULD FOR EVENTAL DO TO FUNERAL DO TO SHOULD SHO	23a.BI	JRIAL, CREMATION, REMOVAL		23c. N	AME OF CEM	ETERY OF	ADDRESS_11	l1 Penn		t,Balto	more,		bre
DHMH - 17 (VR A15 ME (5))		Cremation UNERAL DIRECTOR NAME SSANN Funeral	9-22-87	140 Bulk	- 111	12	21 250.	SEP 22		R 256 REGIS		VATURE	A.

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Lead a recognition of a contract of the contra

FOR 1 - STATE 22 87 GISTRAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CEPTIFICATE OF DEATH

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63	64 SEP 4	DE	EASED NAMI	E FIRST		MIDDLE	E//Aiiiiiiii	(AST	CAIL		2a. DATE KNOW	G. NO.	DAY YEAR	Zh HOUR
	2000	{TYP	E OR PRINT)	Paul				Crace	z]e		OF ESTI-		10 1987	
	PLEAS PECTOR R FILES HOUR STREET	3 SEX		4 RACE	S. DATE OF BIRT	Н	16 AGE IN YEAR	Gracz		R 24 HRS	2c. DATE	MONTH	DAY YEAR	2d HOUI
	×2222	М		w \	1 E	YEAR	84 YR	MONTHS DAYS	HOURS		PRONOUNCED DEAD	9	10 1987	P:35
	RAL RAL		RTHPLACE (5)	TATE OR	76. CITIZEN OF	WHAT COU	VTRY?	8. MARRIED	IEVED MAAD	DIED XT	BALTIMORE C	ITY OR COUN	TY OF DEATH	
	N FOUNE	1	MD.		U.S.			WIDOWED -	DIVOR	CED 🗆	Baltimo			WE
	FLAY IS TO THE P PAGE BE FILED SS, 201 V		Balti	more	1802 E	FACHITY, GIVES	Place	OR OTHER INSTIT	UTION	FOR A	AL OCCUPATION NOST OF WORKING LIFE NK .		OR INDUST	JSINESS 'RY
.21201	F ANY D AND 3 RETAIN HOULD RECORD	13a. S		13b. COUP	OR OTHER INSTITUTION. TIMORE	13c CITY	E BEFORE ADMISSION OR TOWN LTIMOR	13d INSIDE	CITY LIMITS?	13e STRE	EET ADDRESS 2 EUTAW	PLAC	E	7
RE, MD.	SEATH. III	14. FA	THER'S NAME FIRST	UNK.	MIDOLÉ		LAST	15 MOT	HER'S MAID FIRST	UNK.	WIDDLE		LAST	
ALTIMO	AFTER I		VAS DECEASEI ES. NO, OR UNKNO NO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES}		CIAL SECURITY 8-01-8	HE	RMANI ENRY K	GOLD	BAUM ADD	180A	Euton	-Pl
St.	D. P. P.		18 CAUSE O	F DEATH (Enter or	nly one cause per li D BY:	ne for (a), (b), and (c).)	ia annai	011000	11 22 4	diagona	ri th	APPROXIMAT BETWEEN ONSE	E INTERVAL
No			1	IMMEDIA	TE CAUSE (a) A	rerro	SCIETOU	ic cardi	ovasci	ular (alsease v	with		
153	(編集)		Condition	ns, if ony, which									The same	
4	A SERVICE SERV	0	gove ris	se to immediate) XXX			ardiomyo	pauly					
201 V	EXAN EXAN DN. O	3	lying cau		(6)	K AS A CO	NSEQUENCE O							
SON.	BYECAL HANG MATH	-	PART 2 OTNIR SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEA	N BUT NOT REL	ATEO TO THE TERMIN	IAL DISEASE OR CONDIT	ION GIVEN IN P	PART 1 : a				77.7
ECC.	- SATA	1101	IA BAYEOF	ORERATION										
AL 8	A THE	FICATION	190 DATE OF	OPERATION	196 CON	DITION FOR	WHICH OPERA	TION WAS PERFO	RMED?				20 AUTOPSY	
5	まるで 単 と 一	CERTIF	21a EXTERNA	L CAUSE WAS	215 TIME	OF INJURY		Tat. How being	27.000000				YES 🖹	NO []
ONO	SAMO HA		UNDERLYING	6TTD	HOUR A		DAY YEAR	ZIŁ HOW INJUR	RY OCCURR	RED LENTER N	IATURE OF INJURY IN IT	EM 18 PART 1 OR PA	ART 2)	
DIVISIO	WRETING WRETING ANDED 1 AGE 3 SH ATE DEPA	MEDICAL	21d INJURY C	NOT WHILE [OF INJURY ACTORY, FARM, I	AT HOME,	21f LOCATION STREET			CITY OR TOWN	co	DUNTY	STATE
	ATE. TORW TORW TORW TORW THE ST.		22a I certi	fy that I was the	got the remains d	escribed ob	2 eld on	Autopsy X.	Inspecto	on .	Inquiry .	ond in my o	pinion	
	PET PET		deoth result	ed from hany	my courses XX	Acylogicy	Suic	ide . Hom	nicide .	Undete	ermined manner	□,		
•	HE WAR		ACTUAL SIGNATURE	(Hes	KK.	An	~		(SPECIFY) sistai	nt_MEDI	CAL EXAMINER	DATE SIGNI	9/11,	/87
	AGE 4.5 NGE 4.5 NGE 4.5 NGE 4.5 NUMBER DE	-	EXAMINER'S (TYPE OR PRI	NAME Ch	arles P.	/Kokes	, M.D.	ADDRESS	111 1	Penn S	St.	Balto	.MD.	
	505559	230.BI	JRIAL, CREMA	TION, REMOVAL			NAME OF CEM	ETERY OR CREMA	TORY	234 LO	CATION OR TOWN	cou	NTY S	TAIL
07.184 25M	BP	15	inal	700	9-22-8	7 /	lount	LION G	em.	6	unsdow	18		MD
Z.GRY1	DHMH - 17 (VR A15 ME (5))	M. FI	NAME DIRECT	Man	h MADDRE	55 1161	E NA	oll Due	SE SE	P21	1987 1987	REGISTRARIS:	SIGNATURE CONTRACTOR	7.4

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H 7STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO DECEASED NAME 20 DATE KNOWN TE MONIH b HOUR TTYPE OR PRINTS DEATH MATED - 9-23-87 19 GRAF SEX 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. DATE OF BIRTH 7d HOUR DATE MONTH 4, 1934 SI BIRTHDAY) Male White Aug. DEAD 9-23-87 19 6:42P BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Pennsylvania U.S.A. WIDOWED DIVORCED Baltimore City D CITY OR TOWN OF DEATH IT, NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE) Machine Operator Electric Co. Baltimore University Hospital SUAL RESIDENCE (IF IN NURS IN IN 3e STATE 134 INSIDE CITY LIMITS? 1136 STREET ADDRESS 13c CITY OR TOWN Md. Garroll Hampstead 2715 Hanover Pike 21074 A FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Jacob Graf Katherine Elizabeth Rohrbaugh Henry MAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO. 7 INFORMANT 2715 Hanover Pike No 215-32-5955 Arbadella Graf Hampstead, Md. 21074 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL Blunt trauma to chest IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2 EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1 PAGE 4 SHOULD BE PORWARDED TO THE CHIEF, MEDICAL EXAMINIER AL LO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT AFTER DEATH AFTER DEATH BALTIMORE, MANNEY P, 21201 PRIOR TO BURIAL, CREMATION, OR REMO Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 102 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH passenger of a pick-up truck impacted by another vehicle subject ejected 5:58RM 9-23-87 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME IL LOCATION STREET FACTORY, FARM, ETC.) Rt. Rt. Batt. Co., Md. STATE WHILE NOT WHILE X 220 I certify that I took charge of the remains described also as hald an Inspection and in my opinion death resulted from: Natural causes Undetermined manner ACTUAL DATE 9-24-87 Assistant EXAMINER'S NAME 111 Penn Street Dennis F. Smyth, M.D. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL IN NAME OF CEMETERY OR CREMATORY IM LOCATION Burial 26,1987 Rest Haven Cemetery Hanover, Pennsylvania 07/84 BP 25M 256 REGISTRAR'S SIGNATURE **DHMH - 17** Manchester, Md. Dundun (VR A15 ME (5))

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thertag Elimbeth Rohrbeth			K.T.O	d000%
Fig. Styl Her steen, Me. 21 574	32-395 A. bai	<u>-</u> - <u>-</u>		oli

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbon papewinth the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal

requires that the death

AMENDING PHYSICIAN: The low

TO HOSPITAL OR

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

retained by the hospital or attending physician.

MAPORTANT: If them 21 is marked or them 18 shows ony injury, or other traumatic event,

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	17 01	GISTRAR			CERTIF	ICATE OF DEATH		REG. N	0.			
1		SED NAME FIRST		MIDDLE	i	AST	20 D		MONTH	DAY YEAR	26 HOU	R
١	(TYPE OR PR	Doris			Gre	en	-		9 -	10-87	105	+PM
ı	3 SEX		4. RACE		5 DATE C		6 AG	E (IN YEARS LAST BIR	THDAY)	IF UNDER I VEAR		
ı	F	Temale		Black	MONTH			61	YRS	MONTHS DATS	HOURS	MIN.
0		PLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BAI	TIMORE CITY O	R COUN	TY OF DEATH		
d	0.00	yland	U.S.		WIDOWE			altimor	e C	i tv		MD.
5		R TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a U	SUAL OCCUPATION WORK FOR MOST O	ON	12b. KIND		SSOR
	Bal	Ltimore	30 3	and Gene	-	Hospital	[[IANE]	OF WORK FOR MOST C	A MONKING	(IFE) INDUSTRI		
	USUAL RE	SIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS	2 113e ST	REET ADDRESS	/ 7IP CO	DF		
		land -		Baltimo		YES NO	12		nitv		2122	3
	14 FATHE		MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE			ST	
1	Don	nald	Middle	Cole		Ellen		MIDDLE			วพท	
		DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	11-	ADDRI	ESS			
		0	VE WAN ON DAILS)	217-22-	5282	Bernice	Cole	124 N	Ar	nity St		
١	18 (CAUSE OF DEATH (Enter o	nly one cause per	line for (a), (b), and	lic-1		Λ			APPRO BETWEEN	ONSET AND	VAL
1	20	PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (a)	CArdie	D. Pul	MONATY	1411	521				
1	10		DUE TO, O	R AS A CONSEQUE	NCE QF	1 - 1	0	1)				
		enditions, if any, which	(b)_	conc	esty	re nomi	60	TIUre	,			
	CO	use (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF							
	- un	derlying cause last	(c)	h1/6	pend	ension						
		RT 2 OTHER SIGNIFICANT	4 1	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE T	ERMINALD	ISEASE OR CON	DITION G	IVEN IN PART I	a	
	2	SM	011	cell c	arc	MOME	101	9	Tool It V	ES, WERE FIND	NIOS LISTS	
1	CERTIFICATION 110	DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	100	AUTOPSY?	IN CERT	TIFYING CAUSE	OF DEAT	H?
	E ST	ACCIDENT WAS UNDERLYING	7 216 TIME C	NE INTRIPY		21c HOW INJURY OCC		NO NO		YES	NO [
		CONTRIBUTING CAUSE OF DE			Y YEAR	THE HOW HAJORT OCK	CORNED (E	NIEK NATURE OF INJU	KT IN HEM H	S PART (OR PART 2)		
		FEITHER NOTIFY MEDICAL EXAMINE		OF INJURY	19	711 LOCATION						
	- VV 1	HILE NOT WHILE T		REET, FACTORY OFFICE F	ARM ETC)	STREET		CITY OF TO	WN	COUNTY	5	TATÉ
		VORK AT WORK	da Inchandad th	a datament from	-	3- 10 (37		9	10 87	that is A	ve) lost
	220	I certify that (this hosp sow the deceased alive or	G	124 198	7	nd that in (my) (aur) opin	nion death o	occurred on the d	ate and h	our and from the		
	72b	obove, (1) we) (did) (did no	at) view the body	ofter death.		DEGREE			_		SIGNED	
		CDKE	Arne	h n	10	ATTENDIN PHYSICIAL	MED MED	DICAL STA	FF CIAN	9/1	4/2	1
	22d.	PHYSICIAN'S NAME (TYPE	OR PRINT)	10:0	0 1	27e ADDRESS	21		1 . 0 .	11 0/1	11	MIT
		CH	RIST	OPHE	KI	LKTOHKIVE	4	700	MIA	4 RIVI) · B	HLI
	23a. BURIA	AL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATO	ORY 23d	LOCATION		COUNTY		TATE
	(or gar	Durial	14-16	2-8/ 1	1t. Z	ion			B	2/16C0	, 1	OD
	24 FUNER	RAL DIRECTOR		ADDRESS	e 1 al	250	DATE REC'I	D. BY REGISTRAR	1 4 4	STRAR'S SIGNA	71 1	14
	Irvi	n Carroll		713-14	W. N	orth AVIS	SEP 1	198/	June	- Manage	-	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REG. NO.	4		1 7	
	9 6 87	DAY	YEAR	26, HOL	AA
ì	6 AGE (IN TEARS LAST BIRTHDAY)	IF UNI	ER I YEAR	# UNDER	23 HR
		MON1H	S DATS	HOURS	AA IP

3. SEX 4. RACE LACK 5. DATE OF BIRTH MONTH ON 15. CITIZEN OF WHAT COUNTRY? 8. MARRIED NOVEM ON 16. CITIZEN OF WHAT COUNTRY? 17. BIRTHPLACE 17. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY 18. CITIZEN OF WHAT COUNTRY? 18. CITIZEN OF MARRIED NOVEM OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL NURSING STREET ADDRESS) 12. NAME 13. STREET ADDRESS / ZIP CODE ATTER OF MORE OF HOME OF THE NAME OF HOSPITAL NURSING HOME OF THE NAME				
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A hear .		ODESSI		
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	due to, or as a consequence of	1 +	1	
60.		al alleriuse	mori	
	couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF			
10	(c)			
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 110
4110	Versus Ties CONDITION FOR WHICH OPERATION	WAS PEREDRAFD	20m ALLTOPSY? 20h 4F Y	ES WERE FINDINGS LISED
1	The Condition of Karlo	TO WAS TENT ON MED	IN CERT	IFYING CAUSES OF DEATH?
100		21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART T OR PART 2)
MEDICAL	LIFETHER NOTIFY MEDICAL EXAMINER) P.M. 19 THE INJURY OCCURRED 216 PLACE OF INJURY	211 LOCATION		
ME	(AT MOME STREET FACTORY OFFICE, FARM ETC.)	STREET	CITY OF TOWN	COUNTY STATE
	270 I certify that (I) (this haspital) attended the deceased from	10 10	9/6	that (It (we) last
	saw the deceased alive on	nd that in (my) (aur) opinion	death accurred on the date and he	
1	obove, (I) (we) (did) (did not) view the body after death.	DEGREE		224 DATE SIGNED
	Jame (wear of	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/6/07
	224 PHYSICAN'S NAME (TYPE OR PRINT)	22e ADDRESS	1	44 1
	James Evans NO	700 Washen	restor Blue, Pa	Mes M4 2/230
	BURIAL, CREMATION, REMOVAL 236 DATE 234 NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
24	NUTTER FUNERAL HOMES, I		E REC'D BY REGISTRAR 25 REGIS	STRAR'S SIGNATURE
	FOLGWYNNS FALLS PKWY, BALTO, M.	0, 21216 SE	P 1 0 1987 Julia	Devider - Kandaga

DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND

2 ATREGISTRAR		ERTIFICATE OF DEATH	REG. NO	
THE OF PRINTS	MIDDLE	BREEN	20 DATE OF DEATH MONTH C	2-87 4:15
1 SEX F	B	DATE OF BIRTH	SS YRS	IF UNDER 1 YEAR IF UNDER 24 HOURS M.
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136 STATE 136 COUNTY	LIST CITY OR TOWN	136 INSIDE CITY LIMITS?	130 STREET ADDRESS ZIP CODE	VA ST
Alobar w D.	,	CARRIE	Wools am 3	LAST
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the busial-transit permit. Then please remove carbanpapers. Pages with the State Dept of Health and Mental Hygiene prior to busial, cremation, ar removal.

retained by the haspital or attending physician.

BP.

Gilmon 638

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
SEP 1 5 1987 Julia Dividion Rendale

AND AND AND AND ASSESSMENT OF THE PARTY OF THE PARTY.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remave carbon papers with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remaval.

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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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OUNTRY)	To Children		MARRIED	NEVER N	ARRIED		_		
	· u ·	A							
Y OR TOWN OF DEATH				OTHER INST	ITUTION				F BUSINESS
Itimore City				enita				TINDOSIKI	
L RESIDENCE LIF NURSING HOME	OR OTHER INSTITUTION			эртса.		110434	-1.		
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	Durin rongeres					ADD	Dree		
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No		212-40-	247/1	COSA	L. Le	E P.6	BOX 1	048	Vica
		1 6 1 1							
PART I. DEATH WAS CAUS	ED BY:		0 -	1					
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			NIO	15					
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OI ACCIDENT WAS INDESTINATED									NO []
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		M	19						
214 INJURY OCCURRED	21e PLACE	OF INJURY			N	1.44		COLUMN	STAT
WHILE NOT WHILE	(AT HOME ST	REET FACTORY, OFFICE F	ARM ETC)	STREET		CITY OR	IOWN	COUNTY	STATE
AT WORK AT WORK							-		
22a. certify that (1) (this has		e deceased from_	9/7		. 19 0	, to	1 6	19_0	that (I) (we
saw the deceased alive of	n	19	ond ond	that in (my)(our) opinian o	death occurred on the	date and hav	r and fram the	causes state
22b. SIGNATURE	or view the body	affer death	DE	GREE				22¢ DATE	SIGNED
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bull (· Ou	ely) P	HYSICIAN [DIRECTOR PHYS	ICIAN D	9	0
226 PHYSICIAN'S NAME (TYPE	OR PRINT)			2e. ADDRES	5				
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			14415 57 77				spital		
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THE THE	THPLACE (STATE OR FOREIGN DUNIRY) NEN BUY Y OR TOWN OF DUATH L'IMORE CITY L'RESIDENCE (IF NURSING HOME OF DEATH ITHER'S NAME FIRST A WES AS DECEASED EVER IN U.S. A S. NO OR UNKNOWN) (IF YES, O. 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gave rise to immediate cause foll, stating the underlying cause last PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 110 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR OR CONTRIBUTING CAUSE OF OR UNITED CAUSE OF OR 116 EITHER NOTIFY MEDICAL EXAMIN 2101. ACCIDENT WAS UNDERLYING 116 INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 2101. CERTIFY that (I) (this hos) saw the deceased alive o obove, (I) (we yield) (did of record of the property o	THPLACE (SLATE OR FOREIGN DUNTRY) VICTOWN OF DUATH L'IMOTE CITY THE UN RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION ATE FIRST MIDDLE AMBEOF BERST MIDDLE AMBOURTY MER'S NAME FIRST MIDDLE AMBOURTY MER'S NAME FIRST MIDDLE AMBOURTY MIDDLE AMBOURTY MIDDLE AMBOURTY MIDDLE AMBOURTY MIDDLE AMBOURTY MIDDLE AMBOURTY MIDDLE AMBOURT AMBOURT AMBOURT Conditions, if ony, which gave rise to immediate cause per part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) DUE TO, O DUE TO, O Conditions, if ony, which gave rise to immediate cause loi), stating the underlying cause last Color only stating the underlying cause last OR DATE OF OPERATION PART 2. OTHER SIGNIFICANT CONDITIONS CO PO DATE OF OPERATION PO DATE OF OPERATI	THPLACE (SLATE OR FOREIGN DUNIRY) NENDAY YOR TOWN OF DUATH L'IMORE CITY The Union Memon I.I. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET THE UNION MEMON I.I. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET THE UNION MEMON I.I. NAME OF HOSPITAL, NURSIN (IF UNION MEMON III. NAME OF HOSPITAL, NURSIN (IF UNION MEMON III. NAME OF HOSPITAL, NURSIN (IF UNION MEMON III. NAME OF HOSPITAL, NURSIN (IF US IN SUCH FACILITY, GIVE REFORM III. NAME OF HOSPITAL, NURSIN III. NAME OF INSIDER III. NAME OF HOSPITAL, NURSIN III. NAME OF HOSPITAL III. NAME	THPLACE (STATE OR FOREIGN DUNING) THE CAUSE OF DEATH TENED TO DEATH SING THE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OF OPERATION CONDITIONS, if ony, which gover rise to immediate cause 101, stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING CAUSE OF DEATH OR THE CONDITION FOR WHICH OPERATION TO CONTRIBUTING CAUSE OF DEATH BUT NO CONTRIBUTION CAUSE OF DEATH BUT NO CONT	THPLACE (STATE OR FOREIGN AND AND AND AND AND AND AND AND AND AN	THPLACE (STATE OR FOREIGN AND CONTINUED) THE ACLE AND	THPLACE (STATE OF PORTION AND AND AND AND AND AND AND AND AND AN	THE LACE (STATE OF PORTION ON THE COUNTRY) ACE	THE ACE ISSUIT OF IORION THE CITIZEN OF WHAT COUNTRY? IN ARRED WHEVER MARKED DOWN ARRED WHEVER MARKED DOWN OF DEATH WINDOWS WARRED WHO WE AND A WIDOWS DOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ON TOWN OF DATH II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. NOTHERS MADEN NAME ADDRESS AMOUNT III. NOTHER SMADEN NAME III. NOTHERS MADEN NAME III. NOTHERS MADEN NAME ADDRESS AMOUNT III. NOTHER HOME OR OTHER HOME

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PL						ICATE OF DEATH	REG. N	10.		
	. DEC		R51	MIDDLE	ı	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR Z
1	(TYPE	MOR	RYON	ELMER		GREENBERG	SEPT. 14	, 198	17	5:18
	3. SE)	ALE	4. RACE	HITE	S. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DATS	HOURS MIN.
4	7a. BII	RTHPLACE (STATE OR FORE COUNTRY) ARYT.AND	GN 76 CITIZEN	USA	0	D NEVER MARRIED	9 BALTIMORE CITY OF	OR COUNT		
7	10 CI	TY OR TOWN OF DEATH ALTIMORE	11. NAME	OF HOSPITAL, NURSIN IN SUCH EACHLITY, GIVE STREET 22 CLARINTH	G HOME (ADDRESS) RD.	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) TYPIST	ION OF WORKING L	126 KIND C	BALTO.
5	13a S M	ARYLAND	HOME OF OTHER INSTITU COUNTY	130 CITY OR TOW BALTO	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 3722 CLAF		RD. #2	21215
0		THER'S NAME EIRST LOUIS	MIDDLE	GREENBERG		15. MOTHER'S MAIDEN NA FIRST IDA	MIDDLE		ALTÉ	
		VAS DECEASED EVER IN I VES, NO OR UNKNOWN) (II YES	J.S. ARMED FORCE EYES, GIVE WAR OR DAT KOREAN			17 INFORMANT MR 3722 CLARI	S. MYRNA GF NTH RD. F	EENBE BALTO	, MD	2121
- 1		couse (a), stating underlying cause		O, OR AS A CONSEQUE						
7	HCATION	underlying cause PART 2 OTHER SIGNIFI	CANT CONDITION	UNKNOW	NO HEATH BUT	TNOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YE	ES, WERE FINDS	INGS USED S OF DEATH?
27	CAL CERTIFICATION	PART 2 OTHER SIGNIFIED STAGE	CANT CONDITION E REWAL N 196 CO VING 216. TH. BE OF DEATH	UNKNOW NS CONTRIBUTING TO I	DEATH BUT	THE ON CHEONIED	200 AUTOPSY? YES NO	20b. IF YE IN CERT	ES, WERE FINDS	NGS USED
27	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFI END STAGE 19a DATE OF OPERATIO 71a, ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	CANT CONDITION E REN AL N 196 CC VING 216. TI 55 OF DEATH EXAMINER) 216 PL AT HOU	NS CONTRIBUTING TO I	OPERATION AY YEAR 19	TO LE GN CHRONI DN WAS PERFORMED	200 AUTOPSY? YES NO	20b. 4F YE IN CERT Y URY IN ITEM 18	ES, WERE FINDS	INGS USED S OF DEATH?
27	57.0	Underlying cause PART 2 OTHER SIGNIFI END STAGE 19a DATE OF OPERATIO 21a. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE AT WORK 22a.1 certify that (1) (the saw the daceosed above (1) (w) (did)	CANT CONDITION E CLEN AL N 19b CC VING 21b Th HOU EXAMINER 21a PL (AT HO)	CONTRIBUTING TO I	DEATH BUT TA OPERATIO AY YEAR 19 EARM, ETC.)	THE CON CHRONI ON WAS PERFORMED 216 HOW INJURY OCCUR 216 LOCATION STREET	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJ	20b. 4F YE IN CERT Y URY IN ITEM 18	ES, WERE FINDI IFYING CAUSE: (FES	INGS USED S OF DEATH?
29	57.0	Underlying cause PART 2 OTHER SIGNIFI END STAGE 19a DATE OF OPERATIO 21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICALI 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a. 1 certify that (1) (the saw the daceased a above (1) (wa) (did) 22b. SIGN AT URE	CANT CONDITION CANT CONDITION FUEN AL 19b CC VING 21b Ti HOU EXAMINER! 21a PL (AT HO) is haspital) attendablive as STITE (id no) view the	NS CONTRIBUTING TO INTERPRETATION OF INJURY R A.M. MONTH DATE OF INJURY ME. STREET, FACTORY, OFFICE E	DEATH BUT STA OPERATIC AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET 21 19 23 and that in (my) (aur) apinion	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJ CITY OR 1.	20b. IF YE IN CERT YOURY IN ITEM 18.	ES, WERE FINDI IFYING CAUSE: (FES	STATE that (I) (we) lae causes stated
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DHMH - 16 60M 7/84

(VRA 15, 4)

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oge 3		CEASED NAME FIRST CORPRINT) Keith	M BB	Greenidae	C/18/8 4	DAY YEAR 25 HOUR 906
E e	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 I
oge 4 director	₩. RI	Male RTHPLACE (STATE OR FOR GN	Black The CITIZEN OF WHAT COUNT	6 11 87	YRS 1. BALTIMORE CITY OR COUN	3 16
oth. F		COUNTRY	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimo	
ofter de de vithir de de vithir de	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS
10 A		Ballimore	Sinai	Hospital	NA	NA
DE TO	13a. S	AL RESIDENCE (IF NURSING HOME OF		194 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DE C+ 217
the Sales	14. FA	ATHER'S NAME	447110.1741	15. MOTHER'S MAIDEN N	IAME	- V, K12
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Dispose			RMED FORCES? 16b SOCIAL S	SECURITY NO. 17 INFORMANT	ADDRESS	
2/ 50	-	10	nly one cause per line for (a), (b	0//1		APPROXIMATE INTERVA
deoth me co lion. s			DUE TO, OR AS A CONSE	EQUENCE OF		
that the of by the of oil, cremating or other tro		Conditions, if any, which gove rise to immediate couse Io), stating the underlying cause last.	DUE TO, OR AS A CONSE	EQUENCE OF	4	
agains that the a signed by the a her please sema to burial, cremat jury, or other tra	NO	gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSE		1	GIVEN IN PART I 10
the low requires that the quon lon. In hos been signed by the or is permit. Then plants remote ne prior to buriol, cramed lows only injury, or other tro.	TIFICATION	gove rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR WE	EQUENCE OF	200 AUTOPSY? 200 IF 1	YES, WERE FINDINGS USED
ws or me present	AL CERTIFICATION	gove rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 19b CONDITION FOR WE 21b. TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT NOT RELATED TO THE TER HICH OPERATION WAS PERFORMED DAY YEAR 210. HOW INJURY OCCU	200 AUTOPSY? 200 IF 3 IN CER	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH' YES NO
SICIAN: The low open physician applysician bas be certificate has be mind-tronsit perm entol Hygiene prittem 18 shows on the mind by the price of th		gove rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION VIA 21a. ACCIDENT WAS UNDERLYING [DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 19b CONDITION FOR WH 21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	TO DEATH BUT NOT RELATED TO THE TER HICH OPERATION WAS PERFORMED DAY YEAR 19 216. HOW INJURY OCCU	200 AUTOPSY? 200 IF OF THE PROPERTY OF THE PRO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH' YES NO NO NO 1
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Lox ATTENDING PHYSICIAN: The low he hospitol or attending physician. DIRECTOR: After this certificate has b loched for use as the burd-transit perm to be bear of Health and Mental Hygiene property of Health and Mental Hygiene property is marked or frem 18 shows as the manual property.		gove rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTHY MEDICAL EXAMINE 11d (NJURY OCCURRED) WHILE NOTHY MEDICAL EXAMINE AL WORK NOT WHILE AL WORK 220.1 certify that (I) (this hosp sow the deceased alive or	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 19b CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OF)	DAY YEAR 19 216. HOW INJURY OCCU SIREET 27. ond that in (my) (our) opinion DEGREE ATTENDING	PARED (ENTER NATURE OF INJURY IN ITEM TO A CITY OR TOWN TO A CITY OR TOWN A MEDICAL STAFF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO (() (E PART LORPARL?) (OUNTY STAIL
A ATTENDING PHYSICIAN: The low hospital or attending physician. RECTOR: After this certificate has bried for use as the burial-transit permept, of Health and Mental Hygiene priem 21 is marked or Item 18 shows at them 21 is marked or Item 18 shows at them 21 is marked or Item 18 shows at them 21 is marked or Item 18 shows at them 21 is marked or Item 18 shows at the mark		gove rise to immediate couse 10), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK 220. I certify that (1) (this hosp sow the decreased alive or above, (1) (we) (did) (did of did not or obove, (1) (we) (did) (did of did	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 19b CONDITION FOR WH 2 1b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY OF) (at) view the body ofter death.	DAY YEAR 19 216. HOW INJURY OCCU 19 217. Ond that in (my) (our) opinion DEGREE	IMINAL DISEASE OR CONDITION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF TOWN CITY OR TOWN CITY OR TOWN A CITY OR TOW	YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH! YES NO

TO HOSPITAL OR ATTEN BP DHMH - 16 50M 4/83 (VRÅ 15, 4)

7-3/-27 230. BURIAL CREMATION REMOVAL 24 FUNERAL DIRECTOR JUSTITAL 240/ NU BELUE DEAR AVE

23¢ NAME OF CEMETERY, OR CREMATORY

23d LOCATION CITY OF TOWN

COUNTY

70 C 114 OF IGNAL STATE OUNTY STATE OF THE STATE OF THE STATE OF THE SEP 1 5 1987 Julia Divident Ruden

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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SEP 8

1987

-3	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).
	CEASED NAME FIRST E OR PRINT) SHARO	WIDDLE	61	RIER	20. DATE OF DEATH	9 05 87 12 15 A
3. SE		BLACK	5. DATE C		6. AGE (IN YEARS LAST BIRTI	HDAY] IF UNDER 1 YEAR IN UNDER 24 HRS. MONTHS DAYS HOURS MIN
1	HIRTHPLACE STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COL	WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF BALT IMORE	CITY M
10.0	3-ALTIMONS.	11. NAME OF HOSPITAL,		PROTHER INSTITUTION	(TYPE OF WORK FOR MOST OF	
130	STATE 13b. COU	NTY 13c. CITY C	CE BEFORE ADMISSION) OR TOWN TIMORE	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13. STREET ADDRESS /	ZIP CODE 2/20 STERST Apt 62
JA. F.	ATHER'S NAME FIRST SAMUEL		KINNEY	15 MOTHER'S MAIDEN NAM FIRST MARY	MIDDLE	FLEETS
	WAS DECEASED EVER IN U.S. AI (YES, NO GRUNKNOWN) (IF YES, G	CORPAGNA AVI	- 66-3868	VERA ROBINSO	N 2014 PARK	AVENUE 21217
	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost		NSEQUENCE OF VI	LURS MLVE 1150 DIAS	FFICIENC	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	19b. CONDITION FOR			200 AUTOPSY? YES YES NO □	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE NOTIFY MEDICAL EXAMINE NOTIFY MILE NOTIFY AT WORK AT WORK AT WORK		19	211. LOCATION STREET	CITY OR TO	
	22a. I certify that (I) (this hasp saw the deceased alive a	or) view the body after death	19 57 or	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	
23a	BURIAL, CREMATION, REMOVA	F LICK	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE

WM. C. MARCH F/H INC. 1101 ESSE. NORTH AVE.

DHMH - 16 60M 7/B4 (VRA 15, 4)

retained by the haspital ar

BP

PARTIES AT STREET TREETS

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FOR - STATE REGISTRAR STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

25708

DECEASED NAME	FIRST		MIDDLE	- (/	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT)	NELL	IE		GR	IFFIN		9-	18-8.	7	958A
SEX	4.	RACE		5 DATE O			6 AGE (IN YEARS LAST BE		FUNDER I YEAR	
FEMAL	E	BLACK		MONTH 8	22	26	61	YRS	WONTHS DATS	HOURS MIN
BIRTHPLACE (STA	TE OR FOREIGN 7h	CITIZEN OF	WHAT COUNTRY?	8 MAADDIE	NEVER A	APPIED T	BALTIMORE CITY	R COUNTY	OF DEATH	
GA		U.S.	Α.	WIDOWE		ORCED	BALTIMOR	ECITY		M
CITY OR TOWN O	DEATH		HOSPITAL, NURSIN		R OTHER INST	ITUTION	17a USUAL OCCUPAT			OF BUSINESS O
BALTIMOR		CHURC	H HOME H	OSPITA	AL.		PART-TIM			URSE
USUAL RESIDENCE (1 130. STATE MD	13b. COUNT		13c. CITY OR TOW		13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS 2007 E. OL	ZIP CODE	TREET	21213
FATHER'S NAME			51,12,00		-	MAIDEN NAM		I VEIX	TINELI	21210
JOSEPH	AAI	DOLE	SMITH		EL	TZABETH	WIDDIE		BYRAÎ	N.T
WAS DECEASED	VER IN U.S. ARMI	ED FORCES?	166 SOCIAL SECU		17 INFORMA		ADDR		1000	
TYES, NO OS UNKNOW			257-34-3	3879	HERMAI	GRIFF	IN 2007 E.	OLIVE		
II CAUSE OF I	DEATH (Enter only	one couse per	Ine for (a), (b), or	id (C) i					BETWEEN	KIMATE INTERVAL LONSET AND DEATH
PART I. DE A	IMMEDIATE		IYOCARD I	LAL I	NFRACT	NOI				
		DUE TO, Q	R AS A CONSEQU	ENCE OF						
Conditions, if	ony, which	((b) F	I Y PERTEN	ISION					1,500	
gave rise to	immediate)					-			
couse (o), underlying		DUE TO, Q	TABETES	ENCE OF	TITTC				1000	
		(0)								
	SIGNIFICANT CO	NDITIONS CO	DATRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITIONGIV	EN IN PART I	0
19a DATE OF O	DE DATION!	Time CONID	ITION FOR WHICH	OBERATIO	AL MAR DEDEC	DAVED	200 AUTOPSY?	Tank IE VEG	S, WERE FINDI	INCC HEED
DATE OF O	PERATION	148 COND	IIION FOR WHICE	OPERATIO	N WAS PERFO	KWED		IN CERTIF	YING CAUSES	S OF DEATH?
ZIO. ACCIDENT W		71b. TIME C	E INTUIDY		Tale MOW/IN	ILIBY OCCUPE	YES NOX		\$ 🗌	NO 🗆
	CAUSE OF DEATH	110110 1	M. MONTH D	AY YEAR	ZIE HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJ	RY IN ITEM 18 P	PART I OR PART 2)	
OR CONTRIBUTING	MEDICAL EXAMINER		M.	19	AN LOCATIO					
WHILE A	OT WHILE	21e PLACE	REET FACTORY, OFFICE	FARM ETC }	211 LOCATIO	N N	CITY OR TO)WN	COUNTY	STATE
AT WORK	AT WORK			EPTE	ABER 1	8 87				
220.1 certify th	at (1) (the hospite	PTEME	ER 18	87	al above to town	19	, to SEPTEM death accurred on the c			that (I (we) la
abave, (I) (e) (did) did not			, 01	4	our phinion c	death accurred on the c	ote ona nou		
226, SIGNATUR	b	0 () .		DEGREE	TTENDING	MEDICAL _ STA	FF	22c BATE	ESIGNED
Janen	edy D	Oeyes	< mo			PHYSICIAN (DIRECTOR PHYSI	CIAN	111	8187
22d PHYSICIAN	I'S NAME ITYPE OR	-	<i>S</i> ,		22e ADDRES	CHURCE	H HOSPITA	L COR	P.	
KENN	Edl D.	Byz	RIYMI	7			ADWAY BAL			21231
30 BURIAL, CREMAT		23b. DATE			EMETERY OR		23d LOCATION		COUNTY	STATE
BUR	AL	9/23	/87 KI	ING ME	MORIAL		RANDALLS			MD
4 FUNERAL DIRECTO			40000				E REC'D. BY REGISTRA	256 REGIST	RAR'S SIGNA	TURE
IJM C M/	RCH E/H	INC	1101 F	MORTH	AVENUE	SF	P 22 1987		"MACON	Market .

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

.1-	FOR STATE	D	EPARTMENT OF I	innerin Amb interiore in	GIENE 2	5 -	709			
	STATE REGISTRAR CEASED NAME FIRST	MIDDLE		FICATE OF DEATH	REG.		Y YEAR 21	HOUR		
	OR PRINT)	7 -	C -		39	07.	87	35.0.		
1. SE)	KEBECCI	14. RACE	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY) IF	UNDER) YEAR IF	UNDER 24 HRS		
- 2			Set	5t. 22 1932	54		NIHS DATS H	OURS MIN.		
	emale RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT CO	IINTRY?		9 BALTIMORE CITY	OR COUNTY O	FDEATH			
	COUNTRY)	1703	WIDOW	ED THEVER MARRIED TO DIVORCED	Paltim	re City		M		
0 CI	Maryland ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA		126 KIND OF B			
B	altimore	Good Samar	itan Hos	pital	Housewi	OF WORKING LIFE)	INDUSTRY			
	AL RESIDENCE (IF NURSING TOME O	OR OTHER INSTITUTION GIVE RESIDEN	NCE BEFORE ADMISSION)		In STREET ADDRES	4 710 CODE				
30. 3	MA COU	alto. Bal	ORTOWN	YES FLY NO KLY	13e.STREET ADDRES		A 2122	7		
100	Md B			15. MOTHER'S MAIDEN N	JAME	THE TO				
1	FIRST		LAST	FIRST	MIDDLE	**	LAST			
60 V	George VAS DECEASED EVER IN U.S. A		man AL SECURITY NO.	Edith 17. INFORMANT	ADI	RESS	ynson			
		IVE WAR OR DATES)	00 3650		1661 6		1 ' C C D	303.0		
	no	214-	28-1652	I William Gr	riffin Sr.	44 Armc	APPROXIMA BETWEEN ONS			
INCATION	Conditions, if any, which gove rise to immediate couse (a), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED									
FICA	9/11/0	7 6	1Ci non	1 1-1/2 110	1/	IN CERTIFY	NG CAUSES OF	DEATH?		
CERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	TO THE P	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF II	YES		NO 🗌		
155	OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MON			Sime (Edita dalone of a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJURY	19	211 LOCATION						
MEC		(AT HOME, STREET, FACTOR		STREET	CITY OF	IOWN	COUNTY	STATE		
			6	121 00	7 01	7/	67			
	220.1 certify that (1) (this hasp			and that the (my) (our) apinio	on death accurred on the	date and hour s	- /	at No (we) lo		
	abave, (I) (we) (did) did n	on	K.	DEGREE	on death decorred on the	dote and noor (221 DATE SIG			
	220. SIGNATURE	1000	Doub	- MAD ATTENDING	MEDICAL S	TAFF ~	ah	107		
	OUNCE CONTROL OF	/ / / / / /	The state of	THISICIAIT	DIRECTOR PHY	SICIAN	1///	10/		
	PHYSICIAN'S NAME (TYPE	GURNS	CHI DAW	22e ADDRESS	SH					
	COVIA	_ 001002			- 1/					
	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF	CEMETERY OR CREMATOR	Y 23d LOCATION CITY OR TOWN		COUNTY	STATE		
	Burial	9/11/87	Church	Hill Cemeter	ChurchH		enAnne N	1d.		
24 F	UNERAL DIRECTOR		ADDRESS	25a D	ATE REC'D, BY REGISTR	AR 256 REGISTRA	AR'S SIGNATUR	Sandage.		
	0-			S	SEP 1 5 1987	11 SRA	Transfer.	-		

DHMH - 16 60M 7/ (VRA 15, 4)

10 HOSFIFAL OR ATTENDIT strained by the hospital or

DHMH - 16 60M 7/B4

(VRA 15, 4)

BALTO., MD 21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE _, and that in (my)(aur) apinion death accurred on the date and hour and from the causes stated 220 DATE SIGNED WEDERS AIE. COMARY LAND STATE 24 FUNERAL DIRECTOR SOL LEVINSON & BROS .. INC. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AND DESCRIPTION OF THE PROPERTY OF THE 6010 REISTERSTOWN RD. BALTO., MD 21215

STATE OF MARYLAND

126 KIND OF BUSINESS OR

21208

"RELTGION

Eastview Cemetery

9/25/87

Wm. C. March F/H West 4300 Wabash Avenue

Burial

24 FUNERAL DIRECTOR

STATE OF MARYLAND

CITY OR TOWN

Baltimore

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

Md

Devider Pandall

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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DIVISION OF VITAL RECORDS, 201 W PRESTON ST. BAITIMORE MARYLAND 21201		2	of the second	1
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2		ONIO	Afte	oltho
		TEN	TOR.	of He
1		O HOSPITAL OR ATTENDING PHYSICIAN. The low-requires that the drafth response required within 24 hours after already. Page 4 may be etained by the haspital at attending physician.	TO FUNERAL DIRECTOR. After this certificate has being designed of the other processing completely that his influence director, page 3 should be detached for use as the buriol-transit permit. Then please empression and processing the processing of the death	with the State Dept of Health and Mental Hygiene prior to burian cremation or moved. MPORTANT: If hern 21 is marked or frem 18 shows any injury, or after trainmant.
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21	,	SPIT,	NER De d	TAN
-		HO	ould ould	POR POR
		0 5	S. A.	3 5

CERTIFICATE OF DEATH REG. NO. DECEASED NAME MIDOLE 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTI BARXX Garret BOXX Roland 5:06 M GROVE SEPTEMBER 12, 1987 L RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH White Sept. 11. 1987 Male **BALTIMORE CITY OR COUNTY OF DEATH** O. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY Baltimore U.S.A. WIDOWED 18. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE THE JOHNS HOPKINS HOSPITAL OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 110 COUNTY 131. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Harford Fallston 702 Reckord Rd. 2/047 Md. NO P A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIODLE Garrett Dale Grove Beth ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Mr. Dale Grove, Fallston, Md. 21047 (IF YES, GIVE WAR OR DATES) none APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Cardial arrest minutes IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF appuration Conditions, if any, which meconium gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause fost asonyxia severe perinatal PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28n AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE AT WORK 220.1 certify that (I (this haspital) attended the deceased from saw the deceased give an 9-12 above, (I (well (did) (did not) view the bady after deoth. and that in (my) (aur) ppinion death accurred on the date and haur and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN HE JOHNS HOPKINS HOSPITAL WOLFE ST. BALTO. 21205. MD. Elizabeth C. Engle 230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE (SPECIFY)

Belair Memorial Gar.

DHMH - 16 60M 7/84

(VRA 15, 4)

E.F.Lassahn, 11750BelairRd. Kingsville, Md. 21087

9-16-1987

Burial

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE SEP 18 1987 Julia Bender Par

Bel

Air

ha Dendoon-Kandall

Harford

558 60 35

-9 17 STATE 9 8 SEP

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EY AMINED'S CEPTIEIC ATE OF BEATH

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		EASED NAME	FIRST		WIDDLE		LAST			20 DATE KN	ESTI-	MONTH	DAY YEAR	26 HOUR
2000			William				Grov			DEATH N		9	519 27	M
海京宝支票	1, 5EA	4 RAC	E S. DA	TE OF BIRTH	YEAR	AGE (IN YEAR!		1 YR. IF UN	DER 24 HRS	26. DATE		MONTH	DAY YEAR	26 HOUR
9.20 pm	Ma	ile Whi	te Ju	ine 14	1125	62YRS	MONTHS	DATS HOUR	MIN.	DEAD		9	5 19 87	11:40
SANTES C		REIGN COUNTRY	7b. CI	TIZEN OF WH	AT COUNT	RY? 8	MARRIED	□ NEVER M	ARRIED	1 BALTIMO	RE CITY OR	COUNTY	OFDEATH	
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	Ma	ryland		U.S.A. WIDOWED DIVORCED						Balt	imore	City	y	MD
O THE FL PAGE IE FILED	ALC I	TY OR TOWN OF DEA		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)						F WORK	26 KIND OF BU			
PA H	В	altimore	\"			ome Hos	pital			ailro				N.I
SOLUTION OF THE PARTY OF THE PA	05UA 3a, S1	L RESIDENCE (# IN NU	RSING HOME OR OTHER		RESIDENCE BI	FORE ADMISSION	1}	INSIDE CITY LIMIT		REET ADDRESS				200
るという		ryland							stern	AVE	2 - 21	231		
A San A		THER'S NAME						MOTHER'S M.		\E				
EST SE	7	Frank	MIDD	lt.	-	over		Mal	ne1	MIDE	_	ulli	ivan	
SACON TO SECOND	60. V	AS DECEASED EVER	IN U.S. ARMED FO	ORCES?		AL SECURITY	NO. 17 I	INFORMANT	301		ADDRESS		L V CIT	
A S S S S S S S S S S S S S S S S S S S	(YES, NO, OR UNKNOWN) (IF YES, GIVE Y			DATES	217.	-14-9/	132 F	arl So	hwar	t = 52°	2 S B	rnar	dway-2	1231
SOES S		8 CAUSE OF DEAT		couse per line f				011 3				uai	APPROXIMATE BETWEEN ONSE	FINITERVAL
PASSA A		PART I DEATH W	AS CAUSED BY:				ic car	rdiovas	cular	diseas	e		BETWEEN ONSE	I AND DEATH
220862			IMMEDIATE CAC			EQUENCE OF								
世代 2000年記		Conditions, if		11.									4.24	
* Z-2-25	100	gave rise to couse (a) stating		DUE TO, OR A	AS A CONS	EQUENCE OF		-						
233		lying cause last.	1	(-)									33.00	
Sis fara		PART 2 DTHER SIGNIFICAN	T CONDITIONS CONTRIB	UTING TO DEATH B	JT NOT RELATE	D TD THE TERMIN	AL DISEASE DR.C	ONDITION GIVEN	IN PART Luci			_		
WE STATE	Z					cinoma			in Part Visig					
LEAN HEAL	CERTIFICATION	198. DATE OF OPERA	ATION	196 CONDITE		HICH OPERA					7.0		20 AUTOPSY	2
ひりまるどうべ	IFIC												YES 🗆	ХХСОИ
WO WE SEE	ERT	218 EXTERNAL CAU	SEWAS	216. TIME OF INJURY 216 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART								-	110267	
THE WORLD BE UNTINENT OR TO BUT	ALC	UNDERLYING CONTRIBUTING	OR DE DE ATH											
SHO TO TO THE SHOOT SHOT SH	MEDICAL	214 INITIPY OCCUP	PED	P.M. 21e PLACE O	FINJURY	(AT HOME,	211 LOCATI	ION						
S C S C S C S C S C S C S C S C S C S C	X	WHILE AT WORK AT W	WHILE	STREET, FACTO	PRY, FARM, ETC	4	STREET			CITY OF TOWN	400	COUP	4TY	STATE
E, WA PAC STA		AT WORK AT W	ORK					_		10				
NA SA		22s I certify that	I took charge of th	e remoins desc	ribed obovi	e, held on	Autopsy	Inspe	ection,	Inquiry	ond	in my apir	nion	
ME BELLEVILLE		death resulted from	Notural cou	ses A	Accident L	Suici	de 🔲 .	Hamicide _	Unde	etermined monr	ier,			
IL EXAMINE CERTIFICATION OULD BE OULD BE H, WITH WITH WITH WITH WARYL		ACTUAL AZ	, / UKO	12/4	(1)	VVo		TITLE (SPECIFY				DATE	0/0/0	~
VEDICAL EXAMINE THE CERT IN TH		SIGNATURE	- Alva	100	KIN	0	1700-	Assista	ant_ME	DICALEXAMIN	JER	SIGNED	9/8/8	/
MEDICE OF SECUTE OF THE PER PER PER PER PER PER PER PER PER PE		EXAMINER'S NAME	Managani	1 n 7 V	čene 11	MA			111	Dawn Ct	11111111111		Delet	M
TO MEE EXECUT PAGE A PAGE A AFTER C BALTHM		(TYPE OR PRINT)	Margari					RESS		Penn St	• •		Balot.	MD.
E M S E A S	230.BU	PECIFY) LA CREMATION, R		_		AME OF CEME			23d L Cit	OCATION		COUNT		TATE
BP	_		19/9	/87	urc	ownsvi		-				Arur		Md.
DHMH - 17		NAME TO THE TOP	- 2 1 T	ADDRESS	14 5		21231			Y REGISTRAR				
(VR A15 ME (5))		iTly & Z	eller, l	nc. 190	JI F8	stern	Ave.	SE	P8	1987 4	Mia De	ndion	Pendace	

07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

29	FOR STATE			DEPAI		EALTH AND MENTAL HY ICATE OF DEATH		2 5 G. NO.	715	
	CEASED NAME FOR PRINT)	FIRST		A.		ROVES	20. DATE OF DEAT	TH MONTH	26 87	26 HOUR A
3. SE	x Female		4. RACE White		5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OF COUNTRY) Maryland		U.S.		WIDOWE		Baltimo	or Cit	vm.	MD.
B	ity or fown of d Baltimore	/	(IF NOT IN SU Nor	cheachity, give ste	es Gene	eral Hospital	12a. USUAL OCCU (TYPE OF WORK FOR M Homema)	OST OF WORKING		BUSINESS OR
13a S	AL RESIDENCE (IF MESTATE INTULAND ATHER'S NAME FIRST GEORE WAS DECEASED EVE YES, NO OR UNKNOWN) NO	ald ald ge Fr in U.S. AR	NTY timore,	Perry LAST Beeman 166 SOCIAL SE 216-30-	Hall	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN N FIRST Julia 17. INFORMANT ? Mrs. E	AME	napel Ro		tz
No	18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF UROSEDS / S Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DEATH DATA TO N (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN THE CONDITION OF							IVEN IN PART 1:0	ENICA	
CERTIFICATION	19a DATE OF OPER				ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	ES, WERE PINDIN IFYING CAUSES (YES []	GS USED
MEDICAL CER	22a I certify that	CAUSE OF DEA	21e. PLACE (AT HOME, SI titol) ottended to	.M. MONTH .M. OF INJURY REET, FACTORY, OFFI the deceased from	n 9	21c. HOW INJURY OCCU 21f LOCATION STREET 19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS), to	or town he date and ho	COUNTY	
	BURIAL, CREMATION (SPECIFY) Burial UNERAL DIRECTOR	N, REMOVAL	23b. DATE 9-29-		Morel:		CITY OR TOW	imore.	county Maryland	STATE

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law retained by the hospital or attending physician.

injury, ar other traumatic event,

MPORTANT: If Hem 21 is marked or Hem 18 spews any

DHMH - 16 60M 7/84 (VRA 15, 4)

Baltimore, Maryland Leonard J. Ruck, Inc.

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filled in by the funeral director, page 3

deoth. Page 4

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

R	E	G.	N	C

1		REGISTRAR			CERTIF	ICATE OF DEA	IH	REG. N	0	4		
	V DE	ASED NAME FIRST	MI	ODLF	Li	AST		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	_
	YP	ALBER	27		6	UTIN	100	09 05	27		0725	M
1	3. SEX	3	4 RACE		5. DATE O			6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS	
		O Male	Ca	ucasion	MONTH	09	29	57	YRS	ONTHS DAYS	HOURS MIN.	
1		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF W	HAT COUNTRY?	8	NEVER MARI	DIED (9. BALTIMORE CITY	OR COUNTY	OF DEATH		
		ew York	United	States	WIDOWE			Balle	rouse	aly	M	D.
7	10 CI	TY OR TOWN OF DEATH		FACILITY, GIVE STREET A		ROTHER INSTITUT	ION	176 USUAL OCCUPAT			y Schoo	
5	USUA 130 S	AL RESIDENCE (IF NURS OME OR COUNTAINE)		IVE RESIDENCE BEFORE A		13d. INSIDE CITY L	IMITS?	13e STREET ADDRESS	A 11-	nor	A1210	12
)	H FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MA		MIDDLE		§AS	C Y	
-0	/	PIR51	MIDDLE	LAST		Fanr		MIDDLE			hofksky	
2		AS DECEASED EVER IN U.S. AR		66 SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDR	ESS 420	Manor	Rd.	
(4)	No		E WAR OR DATES)	19080	7700	Mrs. Ar	na Gu	atin Ar	nold,M	id. 210	12	
		IB CAUSE OF DEATH (Enter or	ly one couse per l	pe for to); (b), and	155	Traugan	1			APPROX BETWEEN	ONSET AND DEATH	
		PART I. DEATH WAS CAUSE IMMEDIA		adeople	mo	mary/	Trave	37				
		AL AND DO	DUE TO, OR	AS A CONSEQUE	NCE OF	B	1.			Ha	22 8	
		Conditions, if any, which gave rise to immediate	(b)	ISCHE	nu	e (and	Hon	my of al	7	700	10	_
		cause (a), stoting the underlying cause lost	DUE TO, OR	AS A CONSEQUE	NCE OF							
			((c)									=
	NO	PART 2. OTHER SIGNIFICANT (ONDITIONS <u>CO</u>	ALKIROLING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR COR	IDITION GIVE	N IN PART II	a	
1	ATIC	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?		WERE FINDI		_
	CERTIFICATION							YES NO	YES	YING CAUSES	NO [
-	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY L. MONTH DA	Y YEAR	21c. HOW INJUR	YOCCURRE	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	RT I OR PART 2)		
	AL	OR CONTRIBUTING CAUSE OF DE	III		19							
	MEDICAL	21d. INJURY OCCURRED	21e PLACE O	F INJURY ET, FACTORY OFFICE FA	Day 575 1	211 LOCATION		CITY OR T	OWN	COUNTY	STATE	
	×	AT WORK NOT WHILE	I AI HOME SIRE	EI, PACIONY OFFICE PA	A A		97			0.7		
		22a.1 certify that (1) (this hasp	tal) attended the	deceased from	9/27	, 1	9		1	87	that (I) (we) lo	st
		saw the deceased alive an	t view the body o	fter death	, ar	nd that in (my) (au	r) apinian d	eath occurred an the o	late and haur	and fram the	couses pated	
		276 SIGNATURE	160			DEGREE				TR. DATE	SHOWED -	4
		John 1	Made	-		ATTE PHY:	NDING SICIAN [MEDICAL STA		- 9	9-1	
		THE PHYSICIANUS NAME OFFE	R PRINT		-//	220 ADDRESS	> -				. 11	
		(J+V/	KON	nae	100	16	0.	- Orlean	so S	160	2/0	
	- {	SURIAL, CREMATION, REMOVAL SPECIFY Burial	9-06-1			emetery or creases		Annapol	is .	A.A.	Ma STATE	·
	24 FL	INERAL DIRECTOR RUBER	. O. D. III	RANCO		TO COL	SFP	REC'D BY REGISTRA		RAR'S SIGNA	URE	
		SEVERNA	PARK, M	D. 2114	6		OLI	0 0 1307	D.		- Colonia	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please removed the State Dept. of Health and Mental Hygiene prior to burial, creme

TO HOSPITAL OR ATTENDING PHYSICIAN The lov etained by the hospital or attending physicion. injury, ar ather tro

(VRA 15, 4)

STATE OF MARYLAND FOR STATE

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00000000000	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	D
1622388 2FL 12	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
3 24 1/	(TYPE OR PRINT) RICHARD	Elmer	HAHN	SEPTEMBER 7, 1	987 9:13 _M
6 6 W	3 SEX 4. RA	ACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
4 94 A	_male w	hite	Dec. 31, 1921	65 YRS M	ONTHS DATS HOURS MIN.
- 1 1 MM		ITIZEN OF WHAT COUNTRY?	R	9. BALTIMORE CITY OR COUNTY	OF DEATH
1 1 15	Pennsylvania / U	JSA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE C	ITY
10	BALTIMORE 11.	THE JOHNS HOPK		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE elect. engineer	
AND 212	SUAL RESIDENCE (IF NURLING HOME OR OTHER 130 STATE 130 COUNTY Maryland Washing	13c. CITY OR TOWN	wn YES NO	13e STREET ADDRESS / ZIP CODE 313 Dellwyn Dri	ve 21740
Market State of the state of th	FATHER'S NAME FIRST MIDDLE Arthur Ch	narles Hahn	15. MOTHER'S MAIDEN NAME FIRST Bessie	WE	Smith
# /	60 WAS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL SECUR	ITY NO. 17 INFORMANT	ADDRESS	
A Pos	(15 YES, NO OR UNKNOWN) (15 YES GIVE WAR 1943-4	46 219 12 14	58 E. Ruth Hahr	n, Hagerstown, Md	
ST., BAL printicole physics energia mandi	18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CA	C. 19-		and cardiac,	BETWEEN ONSET AND DEATH
death ce obserting obserting	Conditions, if any, which	DUE TO, OR AS A CONSEQUEN	Sce of culon sept	al defect	2 days
that the San of Company of Compan	gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN	endral Tufan	ction	2 days
DI Source	PART 2 OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GIVE	N IN PART Tra
AL RECO	190 DATE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH CO Acute Ven	pperation was performed tricular Septal defec	YES NO NO YES	WERE FINDINGS USED YING CAUSES OF DEATH?
OF VITAL OF VITAL GLIAN Th Sphysicia errificate rid-fransit mtal Hygie em 18 sha	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	Y YEAR	CEN 18 M3TI MI YRULMI PO BRUTAN RETME (ENTER NET ME PA	RT I OR PART ?)
DIVISION OF VIT	21d. INJURY OCCURRED	? LE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	RM, ETC 1 STREET	CITY OR TOWN	COUNTY STATE
TTEND priol or 170R A for use of Head	220.1 certify that (1) (this hospital) a	9 7 198		to 9/2, 1 death occurred on the date and hour	9 7, that (I) (we) lost and from the causes stated
Al OR A' The hosy DREC Soched Dept. H flem	27b. SIGNATURE	aim	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED 9/7/87
O HOSPII efpined by TC Showing	22d PHYSICIAN'S NAME (TYPE OR PRIN	SINNO	22e ADDRESS JOHA		21205
D 5 5 4 3 3	/SPECIEV)		AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY - STATE -
BP	burial Se	1	ose Hill Cemetery	Hagerstown, Wa	
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR MINNICH	ADDRESS		E REC'D. BY REGISTRAR 256, REGISTR	
(VRA 15, 4)	415 E. Wilson Blv	d., Hagerstown,	, Md. 21740 SFP	1 4 1987 this Den	don fadall

065598 SEP 1587 and a painter of and a margathers show it sometimes to be sought 1 1997 A real was been a super from the first 18 1 4 198 - 1 A 198 - 1

ConnellyFuneralHome of Dundalk 21222

FOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

STATE OF MARYLAND 8

1	٠ -	STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. N	0		
		CEASED NAME FIRST GRANTING	- 1	M	1	HALC	20 DATE OF DEATH	9-14.	-87	1:15 Am
	3. SEX	FEMALE	1. RACE	CACK	S. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY) IF UN MONT		FUNDER 24 HRS
	C	RTHPLACE (STATE OR FOREIGN OUNTRY) ryland	U.S.A.	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED D	Baltimore City of Baltimore		DEATH	MD
7	Ba	ltimore	Mercy 1	Hospital	IG HOME C ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (1ype of work for most (Principal	OF WORKING (IFE)		BUSINESS OR
	130 S Ma	ryland 15		130 CITY OR TOW Baltime	'N	13d INSIDE CITY LIMITS?	ne street address 15 Charles	ZIP CODE 5 Plaza	21207	
0	De	U	S.	Parker		Ellen	MIDDLE		Rober	ts
2		/AS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES GIV	MED FORCES? E WAR OR DATES)	214-40-		Melvin Parker	· 1268 Dunb			olis, MD
-	CERTIFICATION	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C	DUE TO, OR		ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN I 206. IF YES, WI IN CERTIFY INC	ERE FINDING	SS USED F DEATH?
	MEDICAL CERTII	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 714 INJURY OCCURRED WHILE NOT WHILE AT WORK 720.1 certify that (I) (this haspi saw the deceased live on obovy (I) (we) (did) (did no 726 SIGNA HEL	HOUR A.P. 21e PLACE (AT HOME STR	M. MONTH D M. DF INJURY EET, FACTORY, OFFICE I	19 ARM ETC)	216 HOW INJURY OCCURR 216 LOCATION STREET 19 nd that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS	7., 10. 9	lote and hour on:	COUNTY This difference of the country of the count	
	04.51	URIAL, CREMATION, REMOVAL SPECIFY) Cremation UNERAL DIRECTOR NAME LETTER FUNERAL Ho	9-17	-87	Securi	ity Process Talls PkyySE	234 LOCATION CITY OF TOWN Baltimo E REC'D. BY REGISTRAF P 2 4 1987	1 . 8 200 0		state ryland RE

DHMH - 16 60M 7/84 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

	REGISTRAR		(EKTIFICATE OF DEAT	IH	REG. NO	5					
	1. DECEASED NAME	FIRST	WIDDLE	LAST			MONTH DAY	YEAR	2h HOUR			
1	(TIPE ON PRINT)	Jane M. H	mmk			9/30/87	-	2	445	M		
1	3 SEX	1. RACE		DAIL OF BIRTH	-	6 AGE (IN YEARS LAST BIR	HDAY) IF UN	DER I YEAR	IF UNDER 24 MR	_		
	Female	0	aucasi <i>a</i> n	MONTH DAY 8/10/22	YEAR	CF.	MONTH	DAYS	HOURS MIN	٧.		
1	BIRTHPLACE (STATE OR FOR		WHAT COUNTRY? 8			9 BALTIMORE CITY O	R COUNTY OF E	DEATH	1	-		
2	COUNTRY)	.d. 77.0		MARRIED EVER MARR								
1	Remsylvar			IDOWED DIVOR		120 USUAL OCCUPATION	ore City	k KIND C	OF BUSINESS C	MD.		
4		(IF NOT IN SU	CH FACILITY, GIVE STREET ADDR	RESS)		(TYPE OF WORK FOR MOST O		DUSTRY	1 003114233 0	, K		
+	Paltimore PSUAL RESIDENCE (IF NURSING	HOME OF OTHE	Memorial His	oital.		Clerk		S.S.	Α.	_		
2	13a STATE	COUNTY	13t. CITY OR TOWN	134 INSIDE CITY LI	IMITS?	13e STREET ADDRESS /			21784			
4	Maryland	Carroll	Eldersburg			2305 Lake C	ircle Driv	ve				
ď	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MA	IDEN NA	WE		LAS	ī			
4	/ Carl Whitman				Wagne	r		77				
21	(YES, NO OR UNKNOWN)	U.S. ARMED FORCES?	166 SOCIAL SECURITY	YNO. 17 INFORMANT	Mr.	Ralph Hancock	SS			Ξ		
4	No		219-18-45	582 2305 Lak		cle Drive	Eldersou	ra Mar	vland 21	178		
T	18 CAUSE OF DEATH	Enter only one couse per	line for (o), (b), and (c				L	BETWEEN	MATE INTERVAL	н		
	PART I. DEATH WAS	MEDIATE CAUSE (0)	Carpional	monary A	mne	6+						
			R AS-A CONSEQUENC									
1	Conditions, if ony, v											
	gove rise to imme-	diote	tu lucina	ut sepsis	-					_		
	couse (a), stating underlying couse	lost DUE TO, O	RAS A CONSEQUENC		0-	L . L	7. 12					
ı		(c)	End-Stac		STIC		ncer			_		
П		0 1	1	TH BUT NOT RELATED TO T	THE TERM	INAL DISEASE OR CON	ITION GIVEN IN	I PART I I	3			
4	DISSOU 190 DATE OF OPERATION NA 210. ACCIDENT WAS UNDER		chavoscula	and considered	410	n	21 32					
2	DATE OF OPERATION	ON 196 COND	ITION FOR WHICH OPE	ERATION WAS PERFORMED	D	20a AUTOPSY?	120h IF YES, WEF	RE FINDIN	OF DEATH?			
	E 124	The state of the s				YES NO	YES 🗌	VERE FINDINGS USED NG CAUSES OF DEATH?				
		LYING A 215. TIME C				RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	RT OR PART 2)				
	OR CONTRIBUTING THAT	EXAMINER) P.	MNA	19) be							
	21d. INJURY OCCURRED	D 21e PLACE	OF INJURY	211 LOCATION STREET		CITY OR TOV		COUNTY STATE				
1	WHILE NOT WHILE AT WORK	A MANAE, ST	REET, FACTORY, OFFICE, FARM,	ETC) SINCE!	MA	(III OK IOV		OUNIT	STATE			
		his hospital ottended th	e deceased from	1/19/87-19	8-	E. to 9/30	19_	5+	that (I) (we) lo	ost		
	sow the deceased	ofive on 9/30	19 8 F	ond that in (my) (our)	opinion o	death occurred on the do	te and hour and					
1	22b. SIGNATURE	(did not) view the body	offer deoth.	DEGREE				776 DATE	SIGNED	_		
1	nichelas	1. Lables	empt "	MID ATTEN	DING _	MEDICAL STAF	F	9/2	187			
-	22d. PHYSICIAN'S NAM	LIVE OF BRINT		22e ADDRESS	ICIAN L	DIRECTOR PHYSIC	AN	112	0/07			
1	TELE TITISICIAN STRAIN	in the Orenthal		THE AUDICESS								
-	Nichola					Emorial Hos	oital_					
12	23a BURIAL, CREMATION, RE (SPECIFY)	MOVAL 23b. DATE	23c NAM	E OF CEMETERY OR CREM	ATORY	23d LOCATION	ron	NIY -	STATE			
	Burial	10/0	13/87 Cr	est Lawn Memori	al		ville Ho	vard	M)		
2	14 FUNERAL DIRECTOR	Loring Byers	Fureral Direc	ctors. Inc	25g DATE	REC'D BY REGISTRAR	SE REGISTRAR'S	SIGNAT	USE .			
1		Prod Pambll	- O D NE J J		UUI	-2 198/	Julia Des	1990	Luciano			

DHMH - 16 60M 7/84 (VRA 15, 4)

engoral discussion The state of the s Billigat maker 1 - School and part DE - 1256-17

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A PARTIE AND A PAR

FOR STATE

ampletely filed in by the funeral director, page 3 and 2 should be filed within 72 hours ofter death

DEF

STATE OF MARYLAND	6 /
PARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	14

REGISTRAR			CEKTIFIC	CATE OF DE	AIN	REG. NO)		
I. DECEASED NAME	FIRST	MIDDLE	LAS	ī	T	24 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
(TYPE OK PRINT)	JAMES	EDWARD	HAN	E, JR.			9 3	3 87	3:101
3. SEX	4. RA		5. DATE OF	BIRTH		AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HR
MALE		WHITE	MONTH 5	19	VEAR 06	81	YRS	ONTHS DAYS	HOURS MH
DIRTHPLACE (STATE	OR FOREIGN 76. CIT	TIZEN OF WHAT COUNTRY?	8.			BALTIMORE CITY O		OF DEATH	
MARYLAND		U.S.A.	WIDOWED	NEVER M	ORCED	Batto.	C140	/	,
BALTIMORE	/ /	NAME OF HOSPITAL, NURSING FNOT IN SUCH FACILITY, GIVE STREET A	G HOME OR			126 USUAL OCCUPATH (TYPE OF WORK FOR MOST OF SALES REP.	ON FWORKING LIFE	126 KIND OF INDUSTRY	BUSINESS C
USUAL RESIDENCE (#6 130 STATE MARYLAND	URSING HOME OF OTHER 131 COUNTY BALTIMO	INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION	34 INSIDE CIT	Y LIMITS?	130 STREET ADDRESS 711 MAIDEN	CHOIC		2122
FATHER'S NAME FIRST JAMES	MIDDLE EDWA			F	MAIDEN NAM IRST THERINE	MIDDLE		HOEI	
160 WAS DECEASED EV		ORCES? 166 SOCIAL SECUI		17 INFORMAN		ADDRE	55	21228	
(YES NO OR UNKNOWN)	1 IF YES, GIVE WAR	212-03-	8315	AUDREY	B. HAN	E 711 MAID	EN CHO	DICE LAN	NE
Conditions, if a gave rise to couse (a), str	ny, which immediate	DUE TO, OR AS A CONSEQUE (b) CVYCO DUE TO, OR AS A CONSEQUE	twe	Hea	of for	ulus			
PART 2. OTHER S			OPERATION WAS PERFORMED 200. AUTOPSY? YES NO PERSONNEL YES NO PE						GS USED
OR COLUMNIA THE	CAUSE OF DEATH	IN TIME OF INJURY HOUR A.M. MONTH DA P.M.	19			D (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2)	
(IF EITHER NOTIFY A 216. INJURY OCC WHILE NO AT WORK A		10. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FA	ARM, ETC.)	ZII LOCATIO	N	CITY OR TO	WM	COUNTY	STATE
sow the chick	d olive on	trended the deceosed from	37, and		our) opinion d	eoth occurred on the do	ite and hour		
22s. SIGNAHORE	V1	usels	1 M	/ P	TENDING HYSICIAN	MEDICAL STAP		9/3/8	
774 PHYSICIAN'S	LM R		110	711	Ma	ider Cle	ice	Care 1	Bult 2
23a BURIAL, CREMATIC			AME OF CE	METERY OR C	REMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
BURIA		9/8/87 NE		EDRAL		BALTIMOR			RYLAND
24 FÜNERALDIRECTOR NAME HUBBARD FU		AE INC. 4107	212 WILKE	:29 INS AVE	OF	rec'd. by registrar PO 8 1987		RAR'S SIGNATU	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rill with the State Dept. of Health and Mental Hygiene prior to burial, cre-

VBG 8-6-132

200	07		FOR STATE REGISTRAR		ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	257	7 2 3			
page 3 G Z	CT -		PEASED NAME FIRSTLE OR PRINT) Leon	on R-	+	AST Hannan	20 DATE OF DEATH	9 /26/8	T 4 PM			
ge 4 may ectar, po		3. SE)	M Male	4.RACE White	5. DATE C	DAY YEAR	6 AGE IN YEARS LAST BIRT		I YEAR IF UNDER 24 HRS. DATS HOURS MIN.			
1 2 2 2	or once	(RTHPLACE (STATE OR FOREIGN DUNTRY) Dhio	76. CITIZEN OF WHAT COUN	WIDOWE	DIVORCED [Baltimore City O	re City	TH • MD			
	Dankied		Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Good Samar	itan Hos		Thysical T	Medical				
7	35	13e S	RESIDENCE IF NURSING HOME OF TATE 136 COUN	VITY 13c CITY OR	imore	YES NO	349 Homeland Southway					
18	00		Joseph R		annan	Mary	Alice		cKnight			
be ex an one s. Pag	e med to		VAS DECEASED EVER IN U.S. AR EES, NO OR UNKNOWN)	E WAR OR DATES)	3-1376	Nobert Hannan	903 East W	ind Road				
hat the death certifica by the ottending phys ose remove corban pop il, cremotion, ar remove	other traumatic event, th		18 CAUSE OF DEATH IE mer or PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	D BY: TE CAUSE (a) DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	io puli SEOUENCE OF b	nonary f	Accide		pproximate interval ween onset and prain Auy S			
he low requires th an. has been signed t t permit. Then plea	shows ony injury, ar	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF THE SIGNIFICANT OF T	- 0	3 mich	ion -	200 AUTOPSY?	20b IF YES, WERE FIN CERTIFYING CA	INDINGS USED			
9 PHYSICIAN: The Ic trending physician. In this certificate has the burial-transit per and Mental Hygiene	or Hem	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AL WORK	HOUR A.M. MONTH	19	21c HOW INJURY OCCURR 211 LOCATION STREET	ED (ENTER NATURE OF INJUR					
ral OR ATTENDING by the haspital or of tal DIRECTOR: After detached for use as one Dept. of Health	T. If Hem 21 is marked		220 I certify that (1) (this haspi saw the deceased alive on		.19, oo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	te and hour and train	m the couses stoted DATE SIGNED			
TO HOSPITAL (retained by the TO FUNERAL Ishould be deto with the State I.	IMPORTANT	23n D	22d PHYSICIAN'S NAME ITYPE OF	SUNJI SUNJI	MD.	Me ADDRESS 32	3 2 200 123d LOCATION	eritan	Hospital			
ВР		1	SPECE Burial INERAL DIRECTOR	9-29-87	Meadow	ridge	Elkridge	Balto	Md			
DHMH - 16 60M (VRA 15, 4			chell-Wiedefel	d Home 6500 Y	örk Road	21212	P.3 0.1987		n. Pondall			

Diridon Randall

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 87	FOR STATE REGISTRAR		DEPARTI		IEALTH AND MENTAL HYG	IENE REG. NO	0.					
-]		CEASED NAME FIRST	1	MIDDLE	1.7	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26	HOUR			
9	(1448)	Ruby		T	IAH	NON	9-27-	87	/	15 AMM			
	3 SE)		ACE		5. DATE O	The state of the s	6 AGE (IN YEARS LAST BIR	(HDAT) IF UN		INDER 24 HRS			
		4	. 21		MONT	DAY YEAR	6 7/	MONT	HS BATS HO	OURS MIN			
4	7a B1	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O	R COUNTY OF	DEATH				
5	11	(OUNTRY)	II C	7\		D NEVER MARRIED	Protie	of Att	a:to				
H	10 CJ	ITY OR TOWN OF DEATH	U.S.		WIDOWI	DR OTHER INSTITUTION	12g USUAL OCCUPATI	ON TI	26 KIND OF BU	MD.			
2	10	XAttimena		H FACILITY, GIVE STREET		NDUSTRY	5						
1	ETSUZ	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFOR		Maria	Homemaker						
	13a. S	STATE 13b COU		13c CITY OR TOW	'N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS						
1		aryland		Baltir	nore	YES NO	3033 Guilf	ord Ave	nue 21	.218			
1	I4 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WIDDLE		LAST				
)[1	George		Bacor		Emma			Dirre				
6		VAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS					
		NO	579-07-1	1661	Kathleen Kl	ipa 3033 Gu	ilford	Ave. 21218					
		18 CAUSE OF DEATH (Enter o	nly one cause per	line for iq , ib', an	d ig	. 1		7	APPROXIMATE BETWEEN ONSE	TAND DEATH			
		PART I. DEATH WAS CAUS	ED BY TE CAUSE (0)	Care	lion	esperatory	arrest	~					
			DUE TO O	MAS A CONSEQUI	ENICE OF		1						
		Conditions, if any, which	(b)	cretror	andre	lans, throm	losis del	inserie					
		gave rise to immediate cause (a), stating the	2015 70 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ENIOT OF								
		underlying cause last DUE TO, OR AS A CONSEQUENCE OF Carchiovascular Prices, advanced											
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DE ATH BUT	NOT BELATED TO THE TERM	INAL DISEASE OF CON	DITION GIVEN I	N PART Lin				
	N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION Dislocate Multipus I											
- Y	ATIC	190 DATE OF OPERATION	TION FOR WHICH	OPERATIO	IN WAS PERFORMED	20a AUTOPSY?	206 IF YES, WE	WERE FINDINGS USED					
L	FIC					N CERTIFYING CAUSES OF DEATH?							
	CERTÍFICATION	21a ACCIDENT WAS UNDERLYING	7 21b. TIME O	FINJURY		21c HOW INJURY OCCURR							
(OR CONTRIBUTING CAUSE OF DE	AIN	M. MONTH D.		(EMPERIALIDE OF TOTAL DE LA CONTRACTION DEL CONTRACTION DE LA CONT							
-	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.: 21e PLACE		19	211 LOCATION		11 434					
1	ME	WHILE NOT WHILE		EET, FACTORY OFFICE,	WN	COUNTY	STATE						
	3	AT WORK AT WORK											
E		22a. I certify that (1) this hasp saw the deceased alive at	0/	2-7 19	17/	nd that in (my) (our) opinion o	leath accurred on the de	to and how and	d from the save	11. 1.0.0			
		oppie. (It (pre) believe (this in			, 0		really accorded an the ac	ne ond noor and					
		# 11	7	1/	MI	DEGREE ATTENDING	. MEDICAL STAI	F	DATE SIGI	NED -			
		Harry of	Henry	row .	110	PHYSICIAN A			1/21/	0/			
1		224 PHYSICIAN'S NAME THE				22e ADDRESS			,				
1		Herbert J. Le	vickas			5404 East Di	rive (2	-12-27)				
0		BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	40	NI ALT				
	(Cremation	9/30/8	37 Se	ecurit	y Process Cre		lle Ba	timore	Md.			
	24 FL	UNERAL DIRECTOR			21	.229 25p. DATE	REC'D. BY REGISTRAR		SSIGNATURE				
	Н	Subbard Funeral	Home, I	nc. 4107	Wilke	ens Ave. UG	1 - 2 1987	gulia De	undern-Ra	adallo			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, th

067823 OCT 7887

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

25725 REG. NO.

		REGISTRAR			MICHI	CHELA	MAILIAE	W 2 CF	KIIIIC	AILO	LDEW	1111	REG.	NO.				
		EASED NAME	FIRST		MI	IDDIE		LAS	51			20 DATE OF	KNOWN	X MO	INTH T	DAY YEA	R 26 HOL	
ET. S.S.S.E.		. On ranting	Brend	la		M.		Har	cuin		800				9/ :	30/19	37	
PLEASE FECTOR. R FILES. HOURS STREET,	3. SEX		4 RACE	5. DATE OF			AGE (IN YEARS	IF UNDE	RTYR. III	F UNDER 2		2c. DATE		MON		DAY YEA	_	
S S S	F	EMALE	BLACK	3	17	19	46 YRS.	MONTHS	DAYS	HOURS	MIN	PRONOU! DEAD			9/	30/19	87 P:5	
まる意味		RTHPLACE (S	IATE OR	76. CITIZEN	OF WHAT			11 . 00			- 0	9 BALTIM	ORE CITY	OR CO	-1	OF DEATH		
1058	FO	REIGN COUNTRY) M D			USA			MARRIED	□ NEVE	DIVORCE		Ral+	imor	a Ci	+37			
vi _ ≥	10, CI	TY OR TOWN	OF DEATH	II. NAME O	F HOSPITA	AL NURSIN	1.					AL OCCU			-	b KIND OF	BUSINESS	
	2		imore	1424	W.	v. GIVE STREET Chest	er St.	•			FOR M	N A	KING LIFE			ORINDU	STRY	
	30 S		(IF IN NURSING HOM				MORE	13	d INSIDE CITY	LIMITS?	1 4 2	4 ADDRE	SSCHE	STE	ER	2121	3	
50		THER'S NAME JAMES		MIDDLE		ĦÅ	RCUM	15	MOTHER M	S MAIDEI	NAME	N	NOOLE			LASTS H	HAW	
2 /	160. V	AS DECEASE	DEVER IN U.S. A	RMED FORCES	? 1	66 SOCIAL	SECURITY N	10. 17	INFORMA	ANT	110		ADDRE	SS				
		NO	(IE YES, GIV	/E WAR ON DATES)	2	214 - 3	8-92	21	MARY	PRI	CE	2108	E.	HOF	MAN	N 212	213	
5		18 CAUSE O	F DEATH (Enter o	inly one couse p	er line for	(a), (b), an	d (c).)	1								APPROXIM	ATE INTERVAL	
AL.		PARTIDE	ATH WAS CAUS	ED BY: ATE CAUSE (a).	Нур	erten	sive (Cardi	ovasc	cular	Dis	ease				oci mici co	THE PARTY OF THE P	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		A 55					QUENCE OF							11-11				
AL HYG REMOV			ns, if any, whice															
OR NE		cause (a)	stating the unde		O, OR AS	A CONSEC	DUENCE OF		9 7									
Z Z Z		lying cau	se last.															
AND		PART 2 OTHER SI	GNIFICANT CONDITION	IS CONTRIBUTING TO	DEATH BUT !	NOT RELATED T	O THE TERMINA	L DISEASE OF	CONDITION	CIVEN IN DAR	T I (a)							
LTH AND REMATIO	Z	Obes					The realist			VIII III I NA	11.0							
30-	CERTIFICATION	190. DATE OF		19b. C	ONDITION	N FOR WHI	CH OPERAT	ION WAS	PERFORM	ED?						20 AUTOPS	SY?	
5 2	F.															YES [
	ER	210 EXTERNA	L CAUSE WAS	21b TI	ME OF IN	JURY		21c HOW	/ INJURY O	CCURRED) LENTER N	ATURE OF IN	IURY IN ITEM	18 PART 1.0	OR PART 2		NO [3	
R TO BL		UNDERLYING				ONTH DA												
PRIOR	MEDICAL	21d INJURY C	NG CAUSE OF		P.M.	NJURY (A	19 THOME	21f. LOCA	TION									
ATE DE	WE	WHILE AT WORK	NOT WHILE AT WORK		ET, FACTORY,		THOME:	STRE		1/6	0	CITY OR TO	WN		COUNTY	Y	STATE	
E ST		220 certif	ly that I taak cha	rge of the remai	ins desglib	ed abave, h	held an	Autopsy		Inspection	X	Inquiry		and in m	וומותס אח	nn .		
WITH THE		death resulte		ural causes	7 11	cident [74		Hamicid			ermined mo].	,			
ARY			100	V	7		5.1.	-	TITLE ISPE		Ondele							
RE, M		ACTUAL SIGNATURE	leur	mb,	XX	rugi	nn	ML	Assis		MEDI	CAL EXAM	AINER	D/ Sk	ATE GNED_	10/	1/87	
AFTER DEATH, BANDIMORE, N		EXAMINER'S (TYPE OR PRIN	NAME Dei	nnis F.	Smyt	hy M.	D.,	AD	DRESS	111	Penn	St.	Bal	to.,	Ma	. 212	01	
BAN	23a. Bl	JRIAL, CREMA	ION, REMOVAL				E OF CEME				123d LO	CATION						
	B	URIAL		10/6/8	37	BAI	TIMO	RE C	EMET	ERY	BA	LTIM	ORE		COUNTY		MD	
1 17	24. FL	NERAL DIREC	TOR								EC'D. BY	REGISTRA		GISTRAF	R'S SIGI	NATURE		
H - 17 5 MF (5))	W	MAME C.	MARCH	F/H IN	CESS 1	1101	E. N	ORTH	AVE	·OCT	0.5	1987	1.00	. No	older	Posto		

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	5	7	2	O
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	2.5	REGISTRAR				CERTIF	ICATE OF D	CAIN)	M Y A S						
		CEASED NAME	FIRST	,	AIDDLE	(AST		1.0							
	TIMPE	OR PRINT)	MAR	Y		HARG	RAVES			9-8	-87		64	PM		
1	3. SEX	·		4 RACE	111	S. DATE C		YEAR	6 AGE IN YE	ARS LAST BIRTI	HOAY	FUNDER I YEAR	IF UNDIT	R 24 HRS		
r.		F		1	Hack			13	7	4	YRS					
u		RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER M	APPIED [9. BALTIMOI	_						
Z	0	V. (2,	Uis	S. A.	WIDOWE		ORCED [B	PALTIN	NORE	CITY		MD.		
1	10 C1	TY OR TOWN OF D	A 1		OSPITAL, NURSI		OR OTHER INST!	TUTION	12a USUAL C			12b. KIND (ESS OR		
4		BALTIMO		SINI	A HOSP	OF	BALT			sok						
1	13a S	AL RESIDENCE IF N	136 COUN		GIVE RESIDENCE BEFO 136 CITY OR TOV BALTIM	WN	13d, INSIDE CIT	Y LIMITS?	13. STREET A			RISON	AVE	15		
0	14. FA	THER'S NAME				14.75	15 MOTHER'S	MAIDEN NAM			CVIII					
	2	Frenc	h	MIDDLE	e Koy		M	atold	9	WIDDLE	M	le Na	ir			
		VAS DECEASED EV		MED FORCES? E WAR OR DATES)	URITY NO	17 INFORMAN	IT OCAL		ADDRES	1	· ^	21	216			
		No					IVAN	KUCT	n 0	3/2	7911	SON H	XIMATE INTE	ŘVAL		
		PART I. DEATH	ATH (Enter on I WAS CAUSE	D BY:	11		+	+					ONSET AN			
		IMMEDIATE CAUSE (0) Cardinas peralong arest												7 0 0 1		
		Candisian if	- 17.1	DUE TO, O	M T	JENCE OF	Comme	. +		Const.	- 4-	7/	87			
		Conditions, if a gove rise to	immediate	(b)	71-		C	7 200	ny v			1	0 /			
		couse to 1, sto		DUE TO, OI	R AS A CONSEOU	JENCE OF										
		PART 2 OTHER S	IGNIFICANT (ONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE	OR CONE	ITION GIV	EN IN PART 1	10			
	O	0	encer	· of -	the le	ing										
7	CERTIFICATION	190 DATE OF OPE	RATION	196 COND	TION FOR WHIC	H OPERATIO	N WAS PERFOR	MED	20a AUTC	PSY?		S, WERE FIND				
	TIF					2,111			YES 🗌	ио 🗙	YE		NO [
1		210. ACCIDENT WAS	L-	1.0.00	FINJURY M. MONTH [DAY YEAR	21c. HOW INJ	URY OCCURRE	ED (ENTER NA	TURE OF INJUR	Y IN ITEM IS	PART I OR PART 2)				
/	SAL	I IF EITHER, NOTIFY M	_	1111		19							6.70			
	MEDICAL	21d INJURY OCC		21e. PLACE	OF INJURY EET, FACTORY, OFFICE	, FARM, ETC)	211 LOCATIO	N		CITY OR TOV	VN	COUNTY		STATE		
	-	AT WORK AT	WHILE					7:5								
		22a I certify that	-	- 0	deceosed from	127	7	. 19	, to	9-	8	19 4	, that (I)			
		obove, (I) (we	osed alive on (did) (did o	() view the body	ofter death.		nd that in (my) (our) opinion d	leoth occurre	d on the do	te ond hou					
		226. SIGNATURE	Bull		2067		DEGREE A	TENDING	MEDICAL	STAF	F	77t DAII	E SIGNED	7		
		22d. PHYSICIAN'S			2001		22e ADDRESS	HYSICIAN [DIRECTOR	PHYSIC	IAN D	7-	1 0			
1		D	publica.	RSMA	MD		J. ADDRESS	inai	, it	ep .	10	Paltin	m			
		URIAL, CREMATIO	N, REMOVAL			NAME OF C	EMETERY OR C	REMATORY	23d LOCA		<i>‡</i>					
	F	Durial		9-12	-87	King	Mem	PK.	B	a Wo		COUNTY	Md.	STATE		
	24 FL	INERAL DIRECTOR	11 1	0	ADDRESS			25a DATE	REC'D. BY R	EGISTRAR		TRABISTIGNA	USE I	120		
		as A	Mortz	onr Jo	ns 170	1 La	urens	SEF	10	188	Julia	Barren &	James	- 1 1 -		

DHMH - 16 50M 4/83 (VRA 15, 4)

066283

in 72 hours after death

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	100	7	.,	M
6-4	~		64	
				- 1

dia Tindorn Rondale

Q RTREGIST	RAR			CERTII	ICAIL OI	PLATII	REG. N	0.		1
(TYPE OR PRINT)	AME FIRST	Harris Harry	MIDDLE	ι	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
(TYPE OR PRINT)	JOHN	E		HAR	LEE		SEPTEMBER	15,	1987	7:40
3. SEX		4 RACE		5 DATE C			6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	
МА	E	BLAC	K	8	2 C	38	49	YRS.	MONTHS DATS	HOURS MIN.
70. BIRTHPLAC	E (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER	AAAPPIED T	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
COUNTRY	NC	U.:	S.A.	WIDOWE		VORCED [BALTIMORE	CITY		MI
O CITY OR TO	WN OF DEATH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	120 USUAL OCCUPAT			OF BUSINESS OF
BALTIN	10RE		HOME HOS				DISABLE		N/	
130 STATE	NCE (IF NURSING HOME O		GIVE RESIDENCE BEFOR		113d. INSIDE C	ITY HAAITS?	13e STREET ADDRESS	/ 71P COD	/E	
MD		-	BALTO.		YES K	NO 🗌	963 ARGONI	VE DR	ÎVE 2121	18
14. FATHER'S N	AME RST	MIDDLE	LAST			S MAIDEN NA	WE			6.7
	OHN	A.	HARLE	EE	HA	TTIE	WIDDIE		SHÊ	ELTON
MAS DECI	ASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMA	INT	ADDR	ESS		
(1E3, 140 OK	(# 763, 0	TE WAR OR DATES	219-32-	-7873	ITTAH	E HARLE	E 963 ARGON	INE DE	RIVE 212	218
18 CAU	SE OF DEATH (Enter o								BETWEEN	ONSET AND DEATH
PAR	I DEATH WAS CAUS	ED BY: TE CAUSE (0) RI	ESPIRATO	ORY F	AILUR	E				The same of the sa
			R AS A CONSEQU	ENCE OF						
	ons, if ony, which		NTERSTIT	TIAL	PULMO:	NARY F	'IBROSIS			
couse	rise to immediate (0), stating the	DUE TO, O	R AS A CONSEQU	ENCE OF					100	
underly	ing couse lost.	(c)		-10						
PART 2							INAL DISEASE OR CON	IDITION GI	IVEN IN PART I	0
=	ERIOSCLE									
S 19a DATI	OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?		S, WERE FINDI	
- E							YES NO 🔀		ES 🗌	NO 🗌
ORCONI	DENT WAS UNDERLYING [110110 4	FINJURY M. MONTH D	AY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJL	RY IN HEM 18	PART 1 OR PART 2)	
O (IF EITH	R NOTIEY MEDICAL EXAMINE	R) P.		19						
A	JRY OCCURRED	21e PLACE	OF INJURY	FARM, ETC }	211 LOCATION STREET		CITY OR 10)WN	COUNTY	STATE
AT WORK										4 2 2 1
22n 1 ces	tify that (I) (this hosp the deceased olive o	SEPTEME	e deceosed tros I	EPTEM	BER 1	5. 19. 87				that (II (we) las
000	ve, (I) gwesiaid) idia n	of view the body	offer death.	. 01	id that in (my)	(our) opinion (death occurred on the d	ote and ha	ur and from the	couses stated
1337 360	NATORE C	0			DEGREE	ATTENDING	MEDICAL > STA	55	IN DATE	MIGNED
5	Jha a	9	h			ATTENDING PHYSICIAN	DIRECTOR PHYSI	CIAN	1/	12/11
22d PHY	SICIAN'S NAME (TYPE	OR PRINT)	nalal		22e ADDRES		H HOSPITA			ION
	Homns	6.	AHN		100 N	. BROA	DWAY BALI	IMOR	RE, MD.	21231
(CDECIEV)	REMATION, REMOVA				EMETERY OR		23d. LOCATION	TENT.	COUNTY	STATE
	BURIAL	9/19/	8/ K	ING ME	MORIAL		RANDALLS			MD
24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIG						TRAR'S SIGNAT	TURE			

MARCH F/H, INC. 1101 E. NORTH AVENUE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART I a 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART OR PART 2) CITY OR TOWN COUNTY Z . and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE-SIGNED DIRECTOR PHYSICIAN 23d LOCATION ARBUTUS MEM, DACIMORE NUTTER FUNERAL HOMES, INC. BY REGISTRAR 256. REGISTRAR'S SIGNATU SOI GWYNNS FALLS PKWY. BALTO, MO. 21216 SEP

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

2b HOUR

BALTO, PUBLIC

DUCKETT

2

IF UNDER 1 YEAR

DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE

ST	A	TE	OF	M	ARY	L	AN	D	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

18	87	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG	REG. NO			1
		CEASED NAME FIRST CHARA	LES EDMOND	H	AROLD	20 DATE OF DEATH	9-12	-87	9-45 M
	3 SE)	MALE	1 RACE BLACK	5. DATE C	F BIRTH 11 DAY 1921	& AGE (IN YEARS LAST BIRT	YRS.	UNDER 1 YEAR	H UNDER 24 HRS
6	RH	ODE ISLAND	U.S.A.	WIDOWE			ORE	CITY	MD.
3	B	ALTIMORE	BON SECOU	es 1	HOSP,	TYPE OF WORK FOR MOST OF	WORKING LIFE)	MO,	STATE
2	13a S	ARYLAND 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c CITY OR TOWN	N	13d INSIDE CITY LIMITS? YES NO [3123 NOR	ZIP CODE A	BALTO AVE	. MO.
		GUY LE	SE HAROL	0	LESUE	VIRGIA		GAS	KIN.S
/		VAS DECEÁSED EVER IN U.S. AR/ VES, NO OR UNKNOWN) (IF YES, GIVI	VE WAR OR DATES)	9997	COMORA HA			MOUN	D. 21216 IT AVE.
		PART I. DE ATH WAS CAUSE	nly one couse per line for (a), (b), one ED BY. TE CAUSE (a) COSO	iac	agorest			BETWEEN C	MATE INTERVAL DNSET AND DEATH
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) UCCONDITIONS CONTRIBUTING TO DE	ence of	2 Adenop	areinom	a 6	7-Lein	g ·
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH			200 AUTOPSY?	206. IF YES,	WERE FINDIN	NGS USED
9	CAL CER	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	1 (OR PART 2)	
1	MEDI	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		sow the deceased alive an above, (1) (we) (did) (did no	ital) attended the deceased from		nd that in (my) (our) apinion	death occurred on the do	nte and hour	and from the	
		27h. SIGNATURE	1 Tripurar		H. DATTENDING PHYSICIAN	MEDICAL STAF		220 DATE	2 87
		SIREESH	TRIPURANE		<u> </u>	cours H	espi	tail	b
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL			EMETERY OR CREMATORY N FOREST VET. C		BAU	IMORE	
34	2	A MYNWE - I - MALE	TALLS PKWY, BALTI	, IN		P 1 7 1987	1. ~	ar's signati	ure

DHMH - 16 60M 7/84 (VRA 15, 4)

AND THE PROPERTY OF THE PARTY O

STATE OF MARYLAND

065885 SEP	17-	FOR ATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH				
No CILLIANS		EASED NAME FIRST	MIDDLE	LAST	REG. No	MONTH DAY	YEAR	26 HOUR
nay be poge 3		Daisy	Mae	Harris.		9 10	507	4:25PM
may er d	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
ge 4 ector	-	temele	white	MONTH DAY YEAR	39	YRS	HMS DAYS	HOURS MIN.
12 Pod di		THPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT COUNTRY?	8 MARRIED A NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
The state of the s	Bs	lair MO	UAS	WIDOWED DIVORCED	BALTI	MORE CITY	1,	MD.
o) softer of by the filed will sled will be will be the filed will	B	Y OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	IGHOME OR OTHER INSTITUTION ADDRESS, WYSEND CONCER CON	178 USUAL OCCUPATION OF THE HOME		126 KIND O	F BUSINESS OR
in b			OTHER INSTITUTION GIVE PESIDENCE BEFORE	ADMISSION)				
MARYLAND 2 red within 24 h and 2 should be exothing must	13a. S	10 HARFO			2032 Re	ZIP CODE	e Stz	1040
RYL within	14 FA	THER'S NAME	ADDUR LAST	15. MOTHER'S MAIDEN NA	AME		LAS	
MAF wed w		CHILLETTY B	= Gulli	on Mary	Α.		COL	lum
ORE,		AS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRE	SS		
BALTIMORE,		NO		-3252 JAMES F. HARRIS	S SAME	AS #13e		
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), one BY:				BETWEEN	MATE INTERVAL DISET AND DEATH
SI			E CAUSE (0) (C/7di)	Keepinstory	arrest.			
NO.			DUE TO, OR AS A CONSEQUE					
SE THE SE		Conditions, if ony, which gove rise to immediate	(16) 13/least	- Cancer				
W. PRESTON ST.,		couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF				
NG PHYSICIAN The law requirer the attending physician. The law requirer the attending physician. The law requirer the one was a second to only be the beneal their physician the only Marriot Hygierne prior to burnal parked or them 18 shows only many, or a contend of them 18 shows only many, or a		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1se	
RDS,	8				THE STOCKED ON CO.			
0 111177	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, W		
21 201	Ē				YES NO	IN CERTIFYIN	CAUSES	NO [
N Z SOL H	Ü	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	210 HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
0 20 101	SAL	OR CONTRIBUTING CAUSE OF DEAT	111	19				
NO 14 1 1	MEDICAL	71d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F	ARM ETC.) 211 LOCATION	CITY OR TO	WN	COUNTY	STATE
NO 04 1 1 1 1 1	[]	AT WORK AT WORK						
A state	181	22a.1 certify that (I) (this hospite	0	00 17 19	7.10 9 1	0 19.	,	that (I) (we) last
200000000000000000000000000000000000000		sow the deceosed ofive on above, (1) (we) (did) (did not	view the body ofter death.	ond that in (my) (our) opinion	death accurred on the de	ote and hour ar		
S of the Control of t	-	22b. SIGNATURI	1.	DEGREE ATTENDING	MEDICAL ' STAI	FF .	220 DATE	SIGNED
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		ruin		PHYSICIAN	DIRECTOR PHYSIC	IAN	19/1	10-01
HOSPI HOSPI Ald be hite 34		77d PHYSICIAN'S NAME ITYPE OR		22e ADDRESS U, M		0.11		04.0
54 54 3	22 0	EUN MI	PARK	22 S. Green		18 alt	House	_1100
20	/3a. B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY C	STATE
BP	74 FII	BURIAL NERAL DIRECTOR	12SEPTEMBER87	ANGEL HILL CEMETERY	HAVRE de C	25h REGISTRAL	R'S SIGNAT	O., MO.
DHMH - 16 60M 7/84		NAME	DA HAMPE do CRACE		1 4 1007	Le Devido	Adm	dell's
(VKA 15, 4)	(VRA 15, 4) MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078							

1300 Eureaw Pl.

- Warmany william

Chras.A.Rice FSPA

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

INPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar ather traumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	67 -	FOR STATE REGISTRAR	DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	
		CEASED NAME PIRST	MINI	H	arns	September	23,87 1700 PM
	∯. SE)	-	4. RACE B	5. DATE (6. AGE (IN YEARS LAST BIRTHDAY) 42 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
5	(MD	76. CITIZEN OF WHAT COUNTRY?	WIDOW		Baltimore city or count	City MD.
3	BA	TY OR TOWN OF DEATH LTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE SPEET UNIVERSELY OF A OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADDRESS)	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	IZE. FIND OF BUSINESS OR INDUSTRY BD OF EDUCATIO
6	130 S	STATE MD 136 COUNTER'S NAME	ITY ITY OR TOW		13d. INSIDE CITY LIMITS? YES NO 1	STREET ADDRESS / ZIP COD	Ave 21201
		Isaac	Haskin	5	Rosle	WIDDLE	GHEIN
-		VAS DECEASED EVER IN U.S. ARI (ES NO GRUNKHOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECULAR	-9919	ANGELA W. HA	RRIS 1006 ARGYLE	
		PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), qni DBY: E CAUSE (a) Brain W	ath			APPROXIMATE INTERVAL BETWEEN ONLET AND DEATH
		Canditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE OUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	ulmen	nary arrest		Iweek
	7	underlying cause last. PART 2. OTHER SIGNIFICANT C	(c) POSSUBLE CONDITIONS CONTRIBUTING TO D	. Car	NOT RELATED TO THE TERM	HMA INAL DISEASE OR CONDITION GI	VEN IN PART 1 (g
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\)
1		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		saw the deceased olive on, above, (1) (we) (did)(did na	tal) attended the deceased fram			eoth accurred an the date and ho	19 T, that (1) (we) last our and from the causes stated
		226. SIGNATURE Pumela	Meluna		D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DAJE SIGNED 9/23/87
		Pamela J	VAmeluna		220 ADDRESS 22 S. Grea	ene St Paltir	nove MD2120
	(SURIAL, CREMATION, REMOVAL SPECIFY) JRIAL	1 - 1 - 2 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		UBURN CEM.	23d LOCATION CITY OF TOWN BALTIMORE	COUNTY STATE
	24 FL	JNERAL DIRECTOR	INC. 1101 E. NO		250 PAT	PE 2 5 1987 254/RBG/S	TRIPS CONATURE AND

Part of the presental The state of the s

STATE OF MARYLAND

should be detail TO FUNERAL TO HOSPITAL

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT

1 - STATE 97 REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYORNE

CERTIFICATE OF DEATH REG. NO.

MONIH

26 HOUR

L		WILLIE		HA	RRIS	9 23 87 6:10 pm					
	3 SEX	22.2.5	1 RACE	5 DATE C		6 AGE (IN YEARS LAST BIR	THOAY) IF &	NDER YEAR	IF UNDER 74 HRS		
		MALE	BLACK	4	26 1918	69	YRS				
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH (LITY		
	M	1551551991	U.S.A.	WIDOWE	D DIVORCED	BALTIM	ORE,	MD	MD		
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII		OR OTHER INSTITUTION	120 USUAL OCCUPATION		126 MCOF	CEAN		
4	R	ALTIMORE	SAINT AGNE	is h	OSPITAL	CONSTRUCTI					
1	130 S		OTHER INSTITUTION GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	BALT	MORE	E, MO		
		ARYLAND -	BALTIM	ORE	YES NO				, 21229		
1	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME		LAST			
		MELZIAH	HAR	RIS	FLORA			-			
		AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECT	JRITY NO.	17 INFORMANT MRS				ARYCANO		
		NO.	420-14-	06801	HELEN L. HA	ARRIS 3404	C W. CF	TON A	VE ZIZZ		
			nly ane cause per line for (a), (b), ar			1		APPROXIA BETWEEN O	NATE INTERVAL NSET AND DEATH		
1		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) ACUTE	17	YOURRDIAL	INFORCTI	on				
1			DUE TO, OR AS A CONSEOU	ENCE OF							
1		Conditions, if ony, which	(16) ANTER	10506	EROTIC CAN	DIOVASCUE	AR				
1	74	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		DISEA	318				
1		underlying cause last.	(c)								
1		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1 a			
J	0					CONTRACT A					
/	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, W	ERE FINDIN	GS USED OF DEATH?		
4	RTIF					YES NO	YES [NO 🗆		
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	16. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART	OR PART 2)			
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	A) III	19							
1	(ED)	21d. INJURY OCCURRED	21e PLACE OF INJURY [AT HOME STREET FACTORY OFFICE	FARM FIC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
1	2	AT WORK NOT WHILE AT WORK					5.65				
1			ital) attended the deceased fram.	59	123/19/	10	123.19.	8 m	hat (II (we) last		
П		saw the deceosed alive an above, (Liwe) (did) (did ad	view the body after death.		id that in (my) (aur) opinion o	death occurred an the do	ite and hour on	d fram the c	auses stated		
1		276 SIGNATURE	in No		DEGREE			22c. DATE S	SIGNED 10-		
J		of awa an	mu choje	u /	7BBS ATTENDING PHYSICIAN [DIRECTOR PHYSIC		01.	23/8/		
		224 PHYSICIAN'S NAME (TYPE O			220. ADDRESS 3455	WILKEN	J AV	E			
1		A.K. Utopa	B		BAZTE	mo.	21220	7			
T		URIAL, CREMATION, REMOVAL	236 DAJE / 23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			``		
1	- 13	BURIAL	9/29/1987 CE	DAR	HILL CEM,	I CHIVORIOWN J	BACTIMO	DRE,	MD.		
1	24 N	FUTTER FUL	JERAL HOME	5,7	NC 250 DATE	REC'D. BY REGISTRAR	256 REGISTRAF	SSIGNATU	JRE		
	25	OI GWYNNS FALL	S PKWV BALTO. I	- /	21216 000		-	m .			
. 91	_										

table because of the C

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 5 COLEASED NAME 20 DATE KNOWN CC (TYPE OR PRINT) ESTI Ethel Harthausen DEATH MATED 4. RACE 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH 7 RONOUNCED F W 05 82 10 37 DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Unknown Baltimore City. DIVORCED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFET OR INDUSTRY Baltimore Bon Secour Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 21201 13e STATE 13d INSIDE CITY LIMITS? 1027 CA MD. BALTO. YESX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Unknown Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO Medical Examiner 214-22-8334 Unknown 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Hypertensive Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF CHIEF MEDICAL EXAMINED AS A BURILO OF HEALTH AND MENIAL, CREMATION PABL 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In Degenerative Arthritis 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO EUNERAL DIRECTOR; PAGE 3 SHOULD BE US! AFIER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIA NO YES [] 71e EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 714 INJURY OCCURRED 711 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE X 22e. I certify that I took charge of the remains described above, held on death resulted frum Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL 9/9/87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr., M.D. 111 Penn St., Balto., Md. 21201 236 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY 9-9-87 Removal 74 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** State Anatomy Board Balto., Md. (VR A15 ME (5))

STATE OF MARYLAND CERTIFICATE OF DEATH

50	1-	FOR STATE DEGISTRAR	DEPARTA		EALTH AND MENTAL HYG				1	
EP :		1	DITH MIDDLE A.		AST HARTMAN	REG. NO		YEAR 26	ндур	
	3. SEX		4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	HDAYI IF UNDER	1 YEAR IF	UNDER J HRS	
	,	Female	White	MONTH		55	YRS -	DAYS H	OURS MIN.	
25		RTHPLACE (STATE OF FOREIGN	Th CITIZEN OF WHAT COUNTRY?	8. MARRIEI	F 1	9 BALTIMORE CITY O	R COUNTY OF DEA	ATH		
2	Ma	ryland	Mash.	WIDOWE	DIVORCED	BALTIMORE	CITY		MD.	
4	B	ALTIMORE,	11. NAME OF HOSPITAL, NURSIN	TAY/	HOST	TYPE OF WORK FOR MOST O None		KIND OF B USTRY	BUSINESS OR	
35	13a S	M D R	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 13c. CITY OR TOW TOWSON	ADMISSION)	13d INSIDE CITY LIMITS? YES	3 STREET ADDRESS Burke	7IP CODE AV		21204	
31	1	GREAT .	eo Hartman		15 MOTHER'S MAIDEN NAM	ME MIDDLE A.		Gill		
m		VAS DECEASED EVER IN U.S. ARA		RITYNO	17 INFORMANT	ADDRE	ss Glen Bu	rnie	. Md.	
p	No	YES, NO OR UNKNOWN) (IF YES, GIVE	217-86-2	248	Myrl Hartma	n-501 Sarat			-	
			y ane cause per line for (a), (b), and BY:				BE	APPROXIMAT	TE INTERVAL SET AND DEATH	
	NOI	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) RVC CONSEQUE DUE TO, OR AS A CONSEQUE Ic) ONDITIONS CONTRIBUTING TO D METATAL)	CONCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN P	ART Ira		
9	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C YES	AUSES OF		
9	600	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)	in .	AY YEAR	21¢ HOW INJURY OCCURR	PED (ENTER NATURE OF INJUI	LY IN ITEM 18 PART I OR P	ART 21		
/	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM ETC)	211. LOCATION STREET	CITY OR 10	wn cou	NIV	STATE	
		saw the diseased alive on above in partial rate	al) attended the deceased fram		nd that in (my) (aur) opinian o	death occurred on the de		om the cou		
	1	BILL	my -	-1		MEDICAL STAI DIRECTOR PHYSIC	FA	DATE SIC	187	
1		RASSAM	ATIYEH		1303K CO	LBURYI	D. BAC	10 6	21239	
	230 B	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNT		STATE	
		rial UNERAL DIRECTOR			s Methodist	PECID BY PECISTOAR	Balt		Md.	
/B4		NAME	1050 Y			EP 21 1987	1 1 m	ST. JEST LA	. ^	
	Livur	uck Towson Funeral Home, Inc., Towson, Md. 21204 SCF & 1 1981 June Deviden Rendeed								

DHMH - 16 60M 7 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

IO FUNERAL DIRECTOR, After this centricate has been signed by the should be detached for use as the trustal-trainst permit. Then please rewith the State Dept. at Mealth and Mental Hygiene prior to burial, are

DHMH - 16 60M 7/84

(VRA 15, 4)

ATTENDING PHYSICIAN, The

IMPORTANT, If hem 21 is marked or hem 38 shows only

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	618	FOR TATE REGISTRAR	DI	EPARTMENT OF H	EALTH AND		IENE REG. NO	0.		1
1		CEASED NAME FIRST	MIDDLE	L.	ASI				DAY YEAR	2b. HOUR
١	(TYPE	OR PRINT)	E A.	HAS	KINS			9 13	3 87	
ł	# 5E)		4 RACE	S. DATE C			6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
9		FEMALE	BLACK	MONTH		19	58	YRS	MONTHS DAYS	HOURS MIN
7		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	MARRIEL WIDOWE		MARRIED [BALTIMORE CITY O	RCOUNTY	OF DEATH	MD
1	10 C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C			120 USUAL OCCUPATI			F BUSINESS OR
1		ALTIMORE			AVEN	UE	DOMEST I	C C	EI INDUSTRY	N/A
4		AL RESIDENCE (IF NURSING HOME OF TATE MD		DR TOWN	134 INSIDE (NO [1304 N	ZIP CODE Mont	ford A	ve. 2121
	I4 FA	THER'S NAME FIRST		AST		S MAIDEN NA	WE	*	(AS	1
4	Ián V	SONNY VAS DECEASED EVER IN U.S. A		AL SECURITY NO.	17 INFORM	1	ADDRE	SS	- 11-5-0	H 115
١			IVE WAR OR DATES)				Y 1304 N. MONTI	FORD AV	FNUF	
1		PART I DEATH WAS CAUS	only one cause per line for tal				ARREST	GID TIV		MATE INTERVAL ONSET AND DEATH
	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT TS CLE M. 1	DUE TO, OR AS A CO	NSEQUENCE OF	NOT RELATE	O TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 1	0
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDIP FYING CAUSES S []	NGS USED OF DEATH?
2		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MON	TH DAY YEAR	21c HOW II	NJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 I	PART I OR PART 2)	
	MEDICAL	214 INJURY OCCURRED	210 PLACE OF INJURY		211 LOCATI	ON	CITY OR TO	WN	COUNTY	STATE
		22a I certify that (1) (this has saw the deceased alive a above. (1) (we) (did) (did r		19, or	nd that in (my	, 19	death accurred on the de			that (I) (we) last causes stated
		276. SIGNATURE	um s.		DEGREE	ATTENDING PHYSICIAN	MEDICAL STA		224 DATE	SIGNED
		John H.	FETTING MA)	220 ADDRE	1	PIKINS DNC	olegi	1 Cens	TEn
		BURIAL, CREMATION, REMOVA		23¢ NAME OF C			234 LOCATION CITY OF TOWN		COUNTY	MD STATE
	24 FI	UNERAL DIRECTOR	1 9/16/87	LEASTVIEW	U-M- I-R		BALTIMORE BALTIMORE	25h REGISI	RAR'S SIGNAT	
	WM	NAME	/H, INC. 3	1101 E.	NORTH	200	7 1 2 1987		cordorn. Ra	does

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956 OCT-	Bi	FOR STATE REGISTRAR	DE	PARTMENT OF HEA	F MARYLAND 8 LTH AND MENTAL HYGI ATE OF DEATH	IENE REG. NO.	5739	
moy be r, page 3		CEASED NAME FIRST OR PRINTIL LARRY	WAYNE	HAW S. DATE OF B	KINS JR		29/87	26 HOUR 2132 PM #FUNDER:24 HRS
ge 4	_	MALE	White	MONTH 9	29 87		YRS MONTHS DAYS	19 MIN
nerol di m72 hou	70 B	RTHPLACE (STATE OR FOREIGN COUNTRY)	USA	MARRIED [WIDOWED [NEVER MARRIED M	9 BALTIMORE CITY OR C	OF BALTIM	
of softer of softer of with the full with th	10	ALTIMORE 11	. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GN ST. AGNI	E STREET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY	BUSINESS OR
ND 2120 24 hours filled in b ould be fil	13a.	AL RESIDENCE (# NUNSING HOME OR OT STATE 136 COUNTY NEYLAND WASH	13t. CITY O	R TOWN		13e STREET ADDRESS 719 SALE	- A 1.	21740 LE
d within d within	14. F/	THER'S NAME LARRY WA	DIE		MOTHER'S MAIDEN NAM	AE MIDDLE	A BLOY	ED
MORE, MA		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (# YES, GIVE W	D FORCES? 166 SOCIA	L SECURITY NO. 17	INFORMANT	ADDRESS	ovatorm Mi	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or otheraling physician. After this certificate has been signed by the ottending physician and ameliarity filled in by as the burial-transit permit. Then please remove carbon papers. Page mend is should be file inhound Mental Hygiene prior to burial, cremation, or removal. arked or from 18 shows only injury, or other troumatic event, the medical mentiles, must be arked or from them 18 shows only injury, or other troumatic event, the medical mentiles, must be a second or from them 18 shows only injury, or other troumatic event, the medical mentiles, must be a second or from them 18 shows only injury, or other troumatic event, the medical mentiles, must be a second or from the mean transfer.		PART 2 OTHER SIGNIFICANT CO	EAUSE (D) DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEVERE USEQUENCE OF USEQUENCE OF	ATURITY	MEMBRANE	DISCRE 19	HR S
AL RECORDS, 2 The law require on. To be been signs to be one prior to but one	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION V	WAS PERFORMED	200 AUTOPSY? 2	Ob. IF YES, WERE FINDING N CERTIFYING CAUSES O YES	GS USED OF DEATH?
SION OF VITAL PHYSICIAN: The ending physicion this certificote h this certificote od Mentol Hygie d or frem 18 sho		2 ta. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONT		Tt. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY II	NITEM 18 PART OR PART 2)	
VISION C G PHYSIC ottending er this cer s the burie tond Menn	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		11 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TEND frol or or use of Heol		22a.1 certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not)			that in (my) (our) opinion o	death occurred on the date		hot (I) (we) lost auses stated
P P P P P P P P P P P P P P P P P P P		276 SIGNATURE Algo	rmo		GREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	220 DATES	19/87
HOSPH wined b FUNE wid be b the Si		226 PHYSICIAN'S NAME (TYPEORP	a C. LAZO		900 CATO	V AUE BAL	TO MO	
O o o o o o o o o o o o o o o o o o o o	23a		23b. DATE 10-1-87	23c. NAME OF CEM	AETERY OR CREMATORY	23d LOCATION	, Washington	, Mď."
DHMH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR		agerstown,	Md. 250. DATE	E REC'D. BY REGISTRAR 25		

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ANNAL SOLEMAN CONTRACTOR OF THE STATE OF THE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ч	0.0	REGISTRAR		CEKIH	ICATE OF L	EATH	REC	, NO.			7.50	
1	I. DEC	CEASED NAME FIRST	MIDDLE		EAST		20 DATE OF DEAT		DAY	YEAR	26 HOU	R
	(TABE	WHALEI	N L.	HA	WKINS S	R		9	10	87		٨
d	(BESE)		4 RACE	5. DATE	OF BIRTH	11.0	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER	RIVEAR	# UNDER	
		MALE	BI ACK	5	DAY 2	25	62	YRS	MONIHS	DATS	HOURS	MIN.
Ţ		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8 MARRIE	D NEVER	AARRIED -	9. BALTIMORE CIT	Y OR COUN	ITY OF DE	ATH		
1		MD	U.S.A.	WIDOW		VORCED	BALTIM	DRE CI	TY			ME
)		BALTIMORE	1309 RAMBLEW			ritution	128 USUAL OCCUI (TYPE OF WORK FOR MO DISAB	OST OF WORKING		USTRY	F BUSINE	
į,	13a S	AL RESIDENCE (IF NURSING HOME OF			YES 📉	NO 🗌	1388 RAM	BLENGE	05 RO4	D	212	39
	14 FA	THER'S NAME HERBERT	MIDDLE HAWK I	NS		S MAÎDEN NA/ FIRST OSE	MIDD		(CORN	İISH	
		VAS DECEASED EVER IN U.S. AR YES. NO OR UNKNOWN) (IF YES GIV YES	MED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 216-18-4		JUANIT	A HAWKI		AMBLE V	VOOD F	ROAD)	
	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	JENCE OF DEATH BUT			IN AL DISEASE OR C	20b. 4F	GIVEN IN P	FINDIN	NGS USE	
1	122.77	210. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE		PAY YEAR	21c HOW IN	JURY OCCURE	YES NO		YES 🗌		ио [
	MEDICAL	21d INJURY OCCURRED NOT WHITE AT WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET		CITY	ORTOWN	COL	unty	5	TATE
		saw the deceased alive ar	My Late the bady affet death.	37.,	DEGREE	ATTENDING PHYSICIAN	. to	STAFF			that () (v couses sto	we) los
	. (BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL			ORE NAT	'L CEM.	23d LOCATION CITY OF TOW RALTIM	DRE,	COUNT	ľΥ	ΜĈ) ATI
	WN	UNERAL DIRECTOR M. C. MARCH F/H	, INC., 1101 E.	NORT	H AVENU	E SEP	1 5 1987	RAPIZSO REQ	CALOUT	2.2		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detoched for use with the Stote Dept. of Hea

067645

STATE OF MARYLAND	8
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

645 OCT -	4 5	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO.						
0 1 0 00.		EASED NAME FIRST	WIDGLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR		
yy be age 3 death		ORPRINT) Lola	T.	Hawks	Sept. 26	1987 6:15 A		
E de	3. SE	1	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
s off		F	Black	MONTH 23. 23	63 YRS	MONTHS DATS HOURS MIN.		
Pog dire	7a. B1	RTHPLACE (STATEORFOREIGN 76	CITIZEN OF WHAT COUNTRY?	8.	BALTIMORE CITY OR COUNT	TY OF DEATH		
death.	(OUNIRS C	Jusa.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto Cal	to MI MO		
de de de	10 CI	TY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	121 KIND OF BUSINESS OR		
by the	7	3 alte: No k.	North Charles	St General	helpers led	INDUSTRY		
24 hou	/ USU کے 13a	AL RESIDENCE (IF NURSING HOME OR OF ATE 136 COUNT)	HER INSTITUTION, GIVE RESIDENCE BEFORE 13t. CITY OR LOW	N 13d. INSIDECITY LIMITS?	130 STREET ADDRESS / ZIP COI	13,21215		
ig the	14.59	THER'S NAME	1	15. MOTHER'S MAIDEN NA		~ rya.		
A STATE	1	Labor 10	DOLE STAST	vent Lourgnia	MIDDLE T	moton		
e execute	The y	AS DECLASED EVER IN U.S. ARM		IRITY NO. 17 INFORMANT	who 1608 Vi	extali:		
0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		11 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), an	dicu)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
phys mode went.		II CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		- SULMONARY	1 ARREST	SALIMATE ON STATE OF THE SALIMATE OF THE SALIM		
A A		IMMEDIATE						
4 4 5 5 5		Canditians, if any, which	DUE TO, OR AS A CONSEQUI					
NIL	23	gave rise to immediate couse (a), stating the						
		underlying cause last.	DUE TO, OR AS A CONSEQUE		11 ceration			
		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART Ita		
2 2 2 2 2	S S	MUL-	tiPK CERER	RAL INFARCA	rs			
1 1111	PAT	198 DATE OF OPERATION		OPERATION WAS PERFORMED		ES, WERE FINDINGS USED		
26 261 1	CERTIFICATION					TIFYING CAUSES OF DEATH? YES NO		
7 2 2 2 2 2 2	E S	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)		
また ままり E-7		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D.	AY YEAR				
Sept and a	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION				
offer the stand of	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC) STREET	CITY OR TOWN	COUNTY STATE		
Da dala		220.1 certify that (1) (this haspita	attended the deceased fram_	and fine	10 Sept 26	. 19 8 , that (I) (we) last		
2 4 4 C P F		saw the deceased alive an abave, (1) (we) (did) (did nat)	view the bady after death.	and that in (my) (aur) apinian e	death occurred on the date and he	aur and from the causes stated		
No man a		226 SIGNATURE	()	DEGREE		224. DAJE SIGNED		
AL AL C	1	Circla Vic	Louison,	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/26/87		
A SE SE		224 PHYSICIAN'S NAME (TYPE OR P	RINT)	220 ADDRESS Papper o	5 Medicine	1116/		
HOS TO THE PROPERTY OF THE PRO		Angela A. Swill	rson, MD	Raltinore	MD 21218	103 /104		
56 5413	23a E	URIAN, CREMATION, REMOVAL	236 DATE 23c 1	NAME OF CEMETERY OF CREMATORY	23d. LOCATION			
BP		Durial	Sept. 30 87 7	Kt. From	Balto -	YII.		
DHMH - 16 60M 7/84	24. FU	INERAL DIRECTOR	1	250. DAT	E REC'D. BY REGISTRAR 256 REGI	STRU SSIGNATOR		
(VRA 15, 4)	1	Palence St. 1	sim 1210	to mal no	2 1987, Julia	Danies .		

065900 SEP	17.	GAR GATE REGISTRAR	DEF	PARTMENT OF HEAL	F MARYLAND LTH AND MENTAL HYD ATE OF DEATH	B / 2 BIÈNE REG. NO	57	46
nay be page 3	TTYPE	CEASED NAME FIRST OR PRINTS HILLDA	HAYES	LAST		(9-9-87	26. HOUR
age 4 ma rectar pours after c	J. SE	FEMALE	NEGRO	5. DATE OF B	IRTH YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DATS	HOURS MIN,
death. P	F	RTHPLACE (STATE OR FOREIGN OUNTRY)	U.S.A	MARRIED L.		BALTIMORE CITY OR	OF CITY	MD
hours offer	E	TY OR TOWN OF DEATH ALTUMO RAF ALRESIDENCE (IF NURSING HOME O	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 5949 (JEST	CRAC RUK	DRIVE	120 USUAL OCCUPATIO	WORKING LIFE) INDUSTRY	OF BUSINESS OR
LAND 21:	N/	TATE 136 COU		MARE Y	ES NO	13. STREET ADDRESS /	ZIP CODE	217ng
E, MARYLAND orted within 24 campletely filler and 2 should		OBFY 14	MIDDLE LAI 7 4 5 RMED FORCES? JIAN SOCIAL	ST	MARY INFORMANT	JOHNS UN	V	21700
BALTIMORE,			IVE WAR OR DATES) 212	323532 N	AR JEROME	PARILOR 59		LI PUN DR
1 1 2 2 2 2		PART I. DE ATH WAS CAUS	TE CAUSE (0)	Alzheim	er, Den	entia	BELAKEN	IONSEL AND DEATH
TW. PRESTON ST.		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)					
ORDS, 201 requires the requires the tr. Then pleas or to burial, y injury, or or	NO	PART 2 OTHER SIGNIFICANT	conditions contribution		OT RELATED TO THE TERM		ITION GIVEN IN PART I	10
The low range of the lo	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR V			200 AUTOPSY?	206. IF YES, WERE FINDI IN CERTIFYING CAUSE: YES []	
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The low requir oftending physician. ther this certificate has been sig as the buriof-transit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	ER) P.M,	H DAY YEAR		RED (ENTER NATURE OF INJURY	IN ITEM IB PART 1 OR PART 2)	
DIVISION ING PHY After this os the bu ith and A orked or	MED	WHILE OCCURRED WHILE NOT WHILE OF WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY (OFFICE FARM ETC)	II LOCATION STREET	CITY OR TOW	OUNTY COUNTY	STATE
ATTEND aspitol a aspitol a for use at 1 of Heal				19 8 7 , and t	hot in (my) (our) opinion	death occurred on the dat		
ITAL OR A by the hos by the hos by detoched tore Dept.		27b. SIGNATURE	Ssar-1dra	hi	ATTENDING PHYSICIAN [MEDICAL STAFF		= 11-87
O HOSPITAL TO FUNERAL should be det with the Store		22d PHYSICIAN'S NAME TYPE	PR I BRAHIM		861 Parx	Are Ba)	to.mol-	21201
BP		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	9-14-87		BURN CIM	23d LOCATION CITY OF TOWN	MURE COUNTY A	An STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

JOSEPH L. RUSS 2227 W. NORTH

Julia Diridon Randales

DHMH - 16 50M 1/BI (VRA 15, 4)

DEP	ART	MENT	OF	HE	AL	TH	AND	MENT	AL	
		CE	RT	FIG	CA	TE	OF	DEAT	H	

2 2 SEP 18	REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
y 8e	DECEASED NAME UNIST	Kate Hea	rst	OF DEATH MONTH	1487 10:10			
se 4	Ŧ u	5. DATE OF BIE	OS IN 7	IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS			
3/2	Durine -	WIDOWED	DIVORCED D	MORE CITY OR COUNT	Cet. MO			
40	Batemire &	ME OF HOSPITAL, NURSING HOME OR O' OT BY SUCH FACILITY, GIVE STREET ADDRESS)	THER INSTITUTION 120 USU	ALOCCUPATION OF FORWEST-DE-WORKING	12b. KUS OF BUSINESS OR			
32	SWAL RESIDENCE (IF NURSING HOME OF OTHER INS) 30 STATE 13b. COUNTY	13/OTX OR TOWN 134	S NO 34	oo Mari	Pourse au			
	A. FATHER'S NAME MIDDLE MIDDLE	LAST IS	MOTHER'S MAIDEN NAME	WIDDLE	LAST			
Poges 1	(# YES, GIVE WAR ORD		me Carve	2400 M	21230			
by the attending physicio	Conditions, if ony, which gave rise to immediate	Right liene c	arcinoma t lung dises	ese	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ned plec	PART 2 OTHER SIGNIFICANT CONDITION	(c)	RELATED TO THE TERMINAL DISE	ASE OR CONDITION G	IVEN IN PART 110			
bermit.	19a DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION W	AS PERFORMED 20g Al	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO			
/	an course with the Course of privile HU	TIME OF INJURY DUR A.M. MONTH DAY YEAR P.M. 19	HOW INJURY OCCURRED (ENTER	R NATURE OF INJURY IN ITEM 18	PART I OR PART 2)			
olth ond Me morked or h	(IF ETHER NOTIFY MEDICAL EXAMINER) (IMAGE NOTIFY MEDICAL EXAMINER) (IMAGE NOTIFY MEDICAL EXAMINER) (IMAGE NOTIFY MEDICAL EXAMINER)	PLACE OF INJURY HOME STREET, FACTORY, OFFICE FARM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY STATE			
for us	22a.l certify that (1) (this hospital) after sow the deceased alive an above, (1) (we) (did) (did not) view th	9/14/ 1987 and th	at in (my) (our) opinion death occu	erred on the date and h	. 19, that (I) (we) lost our and from the causes stated			
ote Dept	226 SORATUR	> DEG	ATTENDING MEDIC	AL STAFF OR PHYSICIAN	9/14/87			
MPORTANT	Jose F. FERNA	udez, MD	St Agres Hosp	ital Ba	Ctimore, Md			
3 3 7	130 AGRIAL, CREMATION, REMOVAL 236 D	17/87 Hertens	TERY OR CREMATORY 13d LC	GATION 615	OCOUNTY 2/228)			
- 16 50M 1/BI	I ELINERAL DIRECTOR	7.651/6 ans	Celle 250 DATE REC'D. E	SY REGISTRAR 256 REGI	STRAR'S SIGNATURE			

(VRA 15, 4)

Item 2d., G-631, 9/24/87, by Med. Ex., / Gb\$TATE OF MARYLAND	257 45
6 4 0 3 6 AUG 28 TATE DEPARTMENT OF HEALTH AND MENTAL BYGIENE	23113
REGISTRAR MILDICAL EXAMINER'S CERTIFICATE OF DEAT	KLG, 110.
(100000000)	DATE KNOWN MONTH DAY YEAR 75 HOU
Joel Blaine Henderson 1. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26 Male White Month Day YEAR (AST BRETHDAY) MONTHS DAYS HOURS MIN PR	DEATH MATED 8-21- 1987
Joel Blaine Henderson Joel Blaine Henderson A AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 70 MONTHS MANON MONTHS MANON MONTHS MANON DATE MONTH DAY YEAR 2d HOU DHOUNCED	
June 3, 1965 22RS.	DEAD 8-21 1987 10:00
MARRIED NEVER MARRIED	BALTIMORE CITY OF COUNTY OF DEATH
The state of the s	Baltimore City MI OCCUPATION (TYPE OF WORK 12) KIND OF BUSINESS
Baltimore University Hospital (STU)	OR INDUSTRY ing & Air Conditioning
USUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. STATE 136. CITY OR TOWN 136. INSIDE (ITY LIMITS2 130. STREE 191. TELKTON 136. INSIDE (ITY LIMITS2 130. STREE 191. NO ☑ 191.	ADDRESS Blue Ball Rd.,
FATHER'S NAME EIRST MIDDLE LAST 15 MOTHER'S MAIDEN NAME FIRST FIRST	MIDDLE (AST
Carver F. Henderson Nancy Co	chran Ewing
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESElkton, Md.
yes "1983-1986 217-74-8534 Nancy C. Ewi	ng 1913 Blue Ball Rd.
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Gunshot wound of head	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Conditions of any, which Conditions of any, which	
SYZAFA Governse to immediate	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (d)	
196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 196 EXTERNAL CAUSE WAS 216 EXTERNAL CAUSE WAS 216 EXTERNAL CAUSE WAS 217 TIME OF INJURY HOUR AM MONTH DAY YEAR	20. AUTOPSY?
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 197. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?	YES 🕏 NO 🖸
The External Cause was with time of injury hour a.m. month day year contributing cause of death 8:2FPM 8-21-1987 Self inflicted	
UNDERLYING TOO HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 8.25PPM 8-21-19 87 Self inflicted 116 PLACE OF INJURY (ATHOME, 116 LOCATION 117	
UNDERLYING TACK CONTRIBUTING CAUSE OF DEATH 8.2FPM 8-21-19.87 Self inflicted 216 PLACE OF INJURY (ATHOME, STREET, EACTORY, FARM, ETC.) 218 PLACE OF INJURY (ATHOME, STREET, EACTORY, FARM, ETC.) 219 STREET, EACTORY, FARM, ETC.) 218 PLACE OF INJURY (ATHOME, STREET, EACTORY, FARM, ETC.) 219 STREET, EACTORY, FARM, ETC.)	TY OR LOWN . COUNTY STATE
WHILE AT WORK AT WORK NOT WHILE WHITE WHILE WHITE WHIT	Cecil County, MD
	nquiry . ond in my opinion
220 Certify that I took charge of the remains described above, held an Autopsy X., Inspection	ined monner .
death resulted from: Noturo coused . Accident . Suicide . Homicide . Undeterm	
ACTUAL SIGNATURE MEDICAL MEDIC	LEXAMINER DATE SIGNED 8-22-87
EXAMINER'S NAME Charles D. Volce M. D.	D-11-0 MD 21201
024044	ceet, Balto.,MD 21201
Puniol Comercy Hill Moth Che	rry Hill Cecil Md.
25M 1250 DATE RECUDENCE TO BY RE	GISTRAR (25) REGISTRAR'S SIGNATURES . AM
OHMH-17 (VR A15 ME (5)) FINTON MAL AUG 26	187 from very don- Manpace

the state outs they are they AUG 2 6 BBT

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1	0	3	1	4	SEPRI4	87
	-			-11	SIAR	O.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	5	1	6	-
di-m				

	REGISTRAR				CEKTIF	ICATE OF DEATH		REG. NO				4.00	
	CEASED NAME	FIRST	A ROTTE	MIDDLE	ι	AST	2a. DATE O	F DEATH M	ONTH	DAY	YEAR	26 HOU	R
(TYPE	OR PRINT)	EUGENE	Α .	LFRED		HENRY	SEPT	. 6,198	87		:17	10:0)4a
3 SE)	Х		. RACE		5. DATE C			YEARS EAST BIRTH		IF UNDER		IF UNDER	24 HR
,	MALE	EX. 18	BLACK		MONTH 5	19 47	PLICE!	40	YRS	MONTHS	DAYS	HOURS	AA IA
C	RTHPLACE (STATE)	OR FOREIGN	USA	WHAT COUNTRY	/? 8 MARRIE WIDOWE	DI NEVER MARRIED	BAT.	PRECITY OR PIMORE			ATH		^
10 CI	BALTIMOR	1	II. NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	12a USUAL	OCCUPATION			KIND OI USTRY	F BUSINE	SSC
USUA 13a. S	AL RESIDENCE (IF NOTATE) MD	URSING HOME OR O	OTHER INSTITUTION TY	BALTIMO	NN	13d. INSIDE CITY LIMITS? YES 🔯 NO 🗌	823 E	ADDRESS / Z	ZIP COD	E REET	212	202	
FA	ZARRA	٨	NIDDLE .	TAI	LTON	15 MOTHER'S MAIDEN N FIRST BERTII		WIDDLE			WOC	LFOR	RD
	VAS DECEASED EV YES NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	166 SOCIAL SEC 214-44-9		BRENDA HENI	ERY 823	E. CH	74 D)	~			
	18 CAUSE OF DE PART I. DE ATH	WAS CAUSED	y one couse per) BY: E CAUSE (0),	Cordias		est				7	APPROXU	MATE INTER	DEAT
	Conditions, if ony, which gove rise to immediate couse io), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTR		Se	P515				/	0 9	ours			
	couse (a), sta underlying co	oting the use lost.	(c)_	R AS A CONSEQ	•	on docardifi NOT RELATED TO THE TER		SE OR CONDI	ITION GI	IVEN IN P	WE PART 1 o	ek.	
IFICATION	couse (a), sta underlying co	oting the use last. IGNIFICANT C HIV	ONDITIONS CO	ONTRIBUTING TO	O DEATH BUT		200 AUT	OPSY?	206 IF YE	S, WERE	FINDIN	IGS USEI OF DEAT	H?
CAL CERTIFICATION	couse (a), sto underlying cou	TATION UNDERLYING CAUSE OF DEA	ONDITIONS CO	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TER	20a AUT	OPSY?	206 IF YE IN CERT	S, WERE IFYING C	FINDIN	IGS USEI	H?
MEDICAL CERTIFICATION	PART 2 OTHERS 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [IFETTHER NOTIFY M. 21d INJURY OCC.]	IGNIFICANT C HIV RATION UNDERLYING CAUSE OF DEA	ONDITIONS CI	ONTRIBUTING TO	O DEATH BUT TH OPERATIO DAY YEAR 19	NOT RELATED TO THE TER	20a AUT	OPSY?	206 IF YE IN CERT Y	ES, WERE IFYING C ES PART TORI	FINDIN	IGS USEI OF DEAT	H?
	PART 2 OTHERS 19a DATE OF OPE 21a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY M 21d INJURY OCC WHILE NOTIFY M 22a, I certify that sow the decadove, (1) few	IGNIFICANT C HIV RATION UNDERLYING CAUSE OF DEA REDICAL EXAMINER! URRED WHILE WORK (1) (This hospit	ONDITIONS CO. 19b COND 19b COND 19b COND 21b TIME CO. HOUR A HOUR A 21c PLACE (AT HOME ST.	ONTRIBUTING TO	DAY YEAR 19 E. FARM, ETC.)	NOT RELATED TO THE TER N WAS PERFORMED 21c HOW INJURY OCCU 21f LOCATION STREET 19 and that in (my) (our) opinion	200 AUT YES JRRED (ENTERN	OPSY? NO ATURE OF INJURY CITY OF TOWN	20b IF YE IN CERT Y IN ITEM IB	PART LORD	FINDIN AUSES	IGS USEI OF DEAT NO [TATE
	COUSE (01), stounderlying countrying countrying country in the cou	IGNIFICANT C HIV RATION UNDERLYING CAUSE OF DEA CAUSE	ONDITIONS CITY OF THE CONDITIONS CITY OF THE	ONTRIBUTING TO	DAY YEAR 19 E. FARM, ETC.)	NOT RELATED TO THE TER N WAS PERFORMED 216 HOW INJURY OCCU 216 LOCATION STREET 19 and that in (my) (our) opinion DE GREE ATTENDING PHYSICIAN	200 AUT YES JRRED (ENTERN n deoth occurr	NO DATURE OF INJURY CITY OF TOWN G - G ed on the dots	20b IF YE IN CERT Y IN ITEM 18	PART LORD	FINDIN AUSES	IGS USEI OF DEAT NO	TATE
	PART 2 OTHERS 19a DATE OF OPE 21a, ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY A 22a, 1 certify that sow the decadove, [] Illian 22b, SIGNATURE 22d PHYSICIAN'S	IGNIFICANT C HIV RATION UNDERLYING CAUSE OF DEA CAUSE OF DEA CEDICAL EXAMINER URRED WHILE WORK (I) (this hospit Clid did not MAME (TYPE OF	ONDITIONS CI	ONTRIBUTING TO	DAY YEAR 19 E. FARM. ETC.)	NOT RELATED TO THE TER N WAS PERFORMED 216 HOW INJURY OCCU 216 LOCATION STREET 19 and that in (my) (our) opinion DEGREE ATTENDING	200 AUT YES VES The property of the prope	OPSY? NO ATURE OF INJURY CITY OR TOWN 9 - 6 ed on the dot	20b IF YE IN CERT! Y IN ITEM 1B	PART TORH	FINDIN AUSES PART 2) om the control DATE	IGS USEI OF DEAT NO [TATE
WEDICAL MEDICAL	PART 2 OTHERS 19a DATE OF OPE 21a, ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY A 22a, 1 certify that sow the decadove, [] Illian 22b, SIGNATURE 22d PHYSICIAN'S	IGNIFICANT C HIV RATION UNDERLYING CAUSE OF DEA REDICAL EXAMINER! UNRED WHILE	ONDITIONS CITY OF THE CHORE OF THE CHORE STORY OF T	ONTRIBUTING TO	DAY YEAR 19 E. FARM. ETC.)	NOT RELATED TO THE TER N WAS PERFORMED 21c HOW INJURY OCCU 21f LOCATION STREET 19 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22c ADDRESS	200 AUT YES 7 TO MEDICAL DIRECTOR 1 234 LOC CIT	OPSY? NO ATURE OF INJURY CITY OR TOWN 9 - 6 ed on the dot STAFF PHYSICIA	20b IF YE IN CERT! Y IN ITEM 1B	PART TORH	PART 2) Om the CDATE 120	IGS USEI OF DEAT NO [TATE

DHMH - 16 60M 7/84 (VRA 15, 4)

DHMH = 16 60M 7/84 (VRA 15, 4) FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

HENSLER

MIDDLE

W

ALFRED

REG. NO

SEPTEMBER 23,

MONTH

26 HOUR

8:15

1987

PM

20 DATE OF DEATH

3 SEX	Male	4 RACE White	S. DATE OF BIRTH OCT. 24 1913 YEAR	0 1.02	FUNDER I YEAR IF UNDER 24 HRS
10 _C CI	RTHPLACE (STATE OR FOREIGN COUNTRY Maryland TY OR TOWN OF DEATH CALTIMORE	7b. CITIZEN OF WHAT COUNTRY USA 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCHFACILITY, GIVE STREE THE JOHNS HOPK	MARRIED NEVER MARRIED WIDOWED DIVORCED DI	9 BALTIMORE CITY OR COUNTY OF BALTIMORE CITY OF CITY OF WORKING LIFE OF WORK LIFE OF	126 KIND OF BUSINESS OR INDUSTRY
13a. S	AL RESIDENCE IN NURSING HOME OF TATE IN AMERICAN ROBERT TO THE RESIDENCE IN U.S. ALL RES	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13t. CITY OR TO Ito. Balto MIDDLE Hensler LAST	DRE ADMISSION) WN 13d INSIDE CITY LIMITS? YES NO R 15 MOTHER'S MAIDEN N. MARY CURITY NO. 17 INFORMANT	AND DUE	et 21224 Love LAST
VIION	Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying cause last.	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO	DICATORY Arrest		BETWEEN ONSELAND DEATH 5 hr n 3 10 mins 5 hrs N IN PART 110 WERE FINDINGS USED
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	THE THE NATURE OF INJURY IN THEM 18 PA	
	220 I certify that (I) (this hash sow the deceased alive a above, (I) (we) (did) (did n 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	orial attended the deceased from n 4/23 19. ott view the body after death. OR PRINTS 9 £50/81	6-1	MEDICAL STAFF DIRECTOR PHYSICIAN WEIN HISP., BUTT	9 87. that (I) (Fe) last ond from the couses stated 120 DATE SIGNED 9/23/87 21055
24 F	BURIAL, CREMATION, REMOVA SPECIFY) Burial UNERAL DIRECTOR	L 23b DATE 23i	C NAME OF CEMETERY OR CREMATORY Dak Lawn Cometery	Baltime ALE REC'D. BY REGISTRAR 25b. REGISTR	COUNTY STATE Dre Maryland ARRS SIGNATURE

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbompopers. Pages, with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remayal.

ATTENDING PHYSICIAN: The low

O HOSPITAL OR

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

etained by the hospital ar attending physician.

IMPORTANT; if them 21 is marked or them 18 shows ony injury, or other troumatic events

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG.	NO	
OF	DEATH	MONTH	

1	1 DEC	CEASED NAME	FIRST	A	AIDDLE	į į	AST		2a DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	(TYPE	OR PRINT)	ober	+	8	Hen	slev		5	nt	9 1980	7:55PM
1	3 SEX	(RACE		5. DATE C		6	AGE (IN YEARS LAST BIR	THDAY)		IF UNDER 24 HRS
	,	Malo		Whi	+0	MONTH Z		EAR 8	49	une	MONTHS DATS	HOURS MIN.
	To BIF	RTHPLACE (STATE OR F	OREIGN 7b	CITIZEN OF V		ITRY? 8.		_ 9	BALTIMORE CITY O	R COUNT	Y OF DEATH	
4		ryland		USA	Δ	MARRIEI	D MEVER MARR		R. 14	mo	r 1	
1		TY OR TOWN OF DEA	TH 11	. NAME OF H	OSPITAL, N	URSING HOME C	R OTHER INSTITUT		120 USUAL OCCUPATI			MD. BUSINESS OR
	-	aHimori	10	South	Balti		en. Hos	p.	repair	F WORKING !	Auto b	xxdy
0	13e. S	AL RESIDENCE (IF NURS	Balti		136 CITY OF Balti	RTOWN	13d. INSIDE CITY LI	MITS?	3607 Annap	ZIP COL Olis	Rd. 2/	227
4	_	THER'S NAME					15 MOTHER'S MA		E			-
A	Ray	ymond Hens		DLE	LAS		Elsie		WIDDLE		HILDÉE	BRAND
2		VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W			6-1061	Evelyn F	. Her	nsley 360		napolis F	₹d.
1		18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b1, and (c1.)	^				APPROXIMA BETWEEN ON	ATE INTERVAL
1		PART I. DEATH W	AS CAUSED E	BY:	Res	pirato	ry fai	lur.	,			
1			MUNICOLATE		P AS A CON	SEQUENCE OF	-/-				37 14 11 14	
1		Conditions, if any,	which	((b)_	Se	n 5 1 5						
1		gave rise to imn couse (a), statin	nediote		AS A CON	SEQUENCE OF						
1		underlying couse		(10)	Ho	1 1/	ns dise	ase				
	~	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASE OR CON	DITION G	IVEN IN PART 110	
	CERTIFICATION											
1	CA	19a DATE OF OPERAT	NON	196. CONDI	TION FOR W	/HICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?		ES, WERE FINDING IFYING CAUSES O	
	RTIF	2							YES NO DE		res 🗌	NO []
		216. ACCIDENT WAS UND		HOUR A.	FINJURY M. MONTH	H DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM IB	PART I OR PART 2)	
	CAL	(IF EITHER NOTIFY MEDIC	CALEXAMINER)	P./		19	1000					
	MEDICAL	214 INJURY OCCURE		21e PLACE (OFFICE, FARM, ETC.)	211 LOCATION		CITY OF TO	WN	COUNTY	STATE
	~	AT WORK AT WO					,					
1		220.1 certify that (1)		Dattended the	e deceosed 1	0.0	124,19	87	_, to/	9		et (1) Lee lost
		sow the decease above, (1) (we)(c	did I did not) v	riew the body	ofter death.	_19, or	nd that in (my) (our)	opinion de	oth occurred on the de	ote and ha	our and from the co	tuses stated
		22b. SIGNATURE	- 0				DEGREE ATTEN	IDNIC	MEDICAL STAI		220 DATE SI	IGNED
		Ketast	8 8	inine	200		PHYS	ICIAN [MEDICAL STAI	IAN 🔯	19/9	187
/		22d. PHYSICIAN'S NA	AME (TYPE OR PE	RINT)			22e ADDRESS		. /	_		
		Kata	e/ £	. K5	PINO	sa	300/	5	Handver	24	Batt	MD
	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	10-		EMETERY OR CREM	ATORY	23d LOCATION		T#QUNIX	s IAN
	_	rial		09/12	1/87	Meadow	ridge		Dorsey		Howard	Md.
		INERAL DIRECTOR			ADD	PRESS		250. DATE	REC'D. BY REGISTRAR	256 REGIS	Deriden K	BE Jack
	Aı	mbrose Fur	eral H	lome		Sulphur	Spring	SEP	1 5 1987	Julia	Druger.	

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

065385 SEP 1487 CERTIFICATE OF DEATH REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR CTIPS OF FRISALS -06-8 4. SACE IF UNDER 24 HRS 1:-5EX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR SEAR! 87 BALTIMORE CITY OR COUNTY OF DEATH WHAT COUNTRY? STATE OF FOREIGN Th CITIZEN OF MARRIED | NEVER MARRIED DIVORCED [126 KIND OF BUSINESS OR RESIDENCE BEFORE ADMISSION 13k COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP COD 13d INSIDE CITY LIMITS? FATHER'S NAME ADDRESS An WAS DECKASED EVER IN U.S. ARMED FORCES 17 INFORMANT (165, jugger (Josephown) OF HE GIVE WAS DEDAYED. 212-20-040 II. CAUSE OF DEATH (Enter only one course per line for io), (b), and ic) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 IN DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? THE ACCIDENT WAS UNDERLYING. 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH OF EITHER MOTHS MEDICINI EXAMINERS THE INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OF TOWN (AT HOME STREET FACTORY, OFFICE FARM ETC.) WHILE INGENIES [22n.1 certify that (I) (the hospital) attended the deceased from saw, the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) abd) add not view the body after death 22h SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN 22e ADDRESS 23a BURTAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 136: DA STATE 250 DATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 14 FUNERAL DIRECTOR DHMH - 16 60M 7/84

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

6544	5 SEP 15	1 - 87	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
2	5 de 3		EASED NAME MARY	MIDDLE E	HESLOP	20 DATE OF DEATH MONTH DA Sep. 9	1987 1= 42 M
ge 4 may	softer po	3.58)	Female	White	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) MC	FUNDER 1 YEAR OF UNDER 24 HRS
01	m 72 hou	71. 88	HHPLACE ESTATE OFFOREIGN 78	CITIZEN OF WHAT COUNTRY?		Baltimore CITY OR COUNTY OF BALTIMORE	City MD.
· 1	3/	ilu. Či	Baltmare	1. NAME OF HOSPITAL, NURSII (IE NOT IN SUCH EACILITY, GIVE STREET R R R R R R R R R R R R R	ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) MACHINE Upert	126 KIND OF BUSINESS OR INDUSTRY factory
24 hour	Add to	13a S	RESIDENCE (IF NURSING HOME OR O TATE 136 COUNT	Y 13c. CITY OR TOV	YES EX NO	130. STREET ADDRESS / ZIP CODE	S 57. MO 2/230
MARYL Red with	100) FA	Jan Groze "	usbeter Wol	15 MOTHER'S MAIDEN NA	- Hilton	
TIMORE.	Poper	The W	AS DECEASED EVER IN U.S. ARM IL NO DE UNE MOUNT	MED FORCES? 166 SOCIAL SECTION OF DATES) Z20.07.		Adoress slop,Same as ab	
ST. BAL	physicis an paper emakal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY / 1 1/2	Camcez		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH VEALS
ESTON :	ottending eve corbs flors, or r oumstric		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ence of Camcer		years
of W. PR			gave rise to immediate couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	Obstantive pul	lmonary Disease	years
28 DS 20		NOIL			DEATH BUT NOT RELATED TO THE TERM		
AL REC	244	RTIFICA	196 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	
A OF VIT	Certification from the series of the series	ICAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M.	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)
NO PHY	the the by	MEDIC	21d INJURY OCCURRED NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE.	PARM ETC] 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDII or gard	for other of Healt		27a I certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did nat)			deoth accurred on the date and hour	9 that (I) (we) last ond from the couses stated
At OR A	At DIRE Settoched ore Dept. T. If Bern		Shully	yang_	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	9/9/ 1987
HOSPIT Cined by	ould be defined the Store		22d PHYSICIAN'S NAME ITYPE OF	PRINT) YANG 1	no Mercy	Hospital. Be	eltimore City
2 £	2518	230 E	URIAL, CREMATION, REMOVAL SPECIFY) Burial		NAME OF CEMETERY OF CREMATORY len Haven Mem.P	k. Glen Burnie	e, A. Co . Md.
	I - 16 60M 7/84 VRA 15, 4)		neral director Ba. **CCully Funer:	lto.Md.21230 al Home.130	Q	TE REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	6-	-	

REGISTRAR			CERTIF	ICATE OF	DEATH	14	REG NO			
I DECEASED NAME FIRST	Λ	AIDDLE	į.	AST		20 DATE OF		O HTMC	NA YEAR	25 HOUR
Dorothy	Da!	lton	Het	tche		9.7	9	1	9 87	1 10:07P
3 SEX	4 RACE		5. DATE C			6 AGE INTE	ARS LAST BIRTHE		IF UNDER YEA	
Female	Whit	te	8	22	18	69		YRS.	DAY	S HOURS MIN
To BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER	AAARRIED T	9 BALTIMOR	E CITY OR		OF DEATH	
Maryland	U.S.	.A.	WIDOWE		NORCED	Balti	imore	City	,	M
CITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET NEMOTI &	ADDRESS}		NOITUTION	120 USUALO (TYPE OF WORK Cleric	FOR MOST OF W		INDUSTR	of Business of ice Work
PUSUAL RESIDENCE OF NURSPOOR E COU 130 STATE Maryland ueo		GIVE RESIDENCE BEFORE 130. CITY OR TOWN	/N	13d INSIDE (NO X	13e STREET A	DDRESS / Z Box 1		21658	
Homer Homer	MIDDLE	Curtin			SMAIDENNA Hattie	AME	WIDDLE		Col	ein
160, WAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	JRITY NO	17 INFORM	ANT		ADDRESS	5		
NO		216-09-8	3306	LeRoy	Hettcl	ne Rt.]	Box	161	21658	}
18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUST	nly ane cause per	line far (a), (b), an	nd ic				F 1558	951		OXIMATE INTERVAL EN ONSET AND DEATH
	TE CAUSE (a)	Cardi	ac	Arres	+				3	Omm.
Canditions, if any, which	DUE TO, OF	Se. PS							2	wks
gave rise to immediate cause to stating the		R AS A CONSEQU	ENCE OF							
underlying cause last.	((c)_							100		
PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATE	O TO THE TERM	MINAL DISEASE	OR CONDIT	10N GIVI	EN IN PART	1 0
Pancreal	we ph	leamon								
190 DATE OF OPERATION 91487 210, ACCIDENT WAS UNDERLYING	Sees:	TIONTOR WHICH	1 11	e ablo	Jour	1 100			YING CAUS	DINGS USED ES OF DEATH? NO 🔀
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	WILL	FINJURY M. MONTH D.	AY YEAR			RED (ENTER NATI	URE OF INJURY I	N ITEM 18 PA	ART OR PART 2	7
OR CONTRIBUTING CAUSE OF DE	21e PLACE (OF INJURY	19	211 LOCATI	ON				2.55	
WHILE NOT WHILE AT WORK	(AT HOME STR	EET FACTORY OFFICE I	FARM ETC)	STREE	1	300	CITY OR TOWN		COUNTY	STATE
220 I certify that (1) (this hasp	ital) attended the	deceased from		4/13	19	to	7/19	7	19 87	tha (I) (we) la
saw the electronic alive or above (1) we and edid no) (aur) apıman	death accurred	on the date	and have		he causes stated
176 SIGNATURE	tube	L		DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	NX	9/1	TE SIGNED
224 PHYSICIAN'S NAME LIVE	OR PRINT)			22e ADDRE	SS					
Clifford	Tribus,	M.D.		- 2	Unio	n Memor	ial Ho	spit	al	2 10
230 BURIAL, CREMATION, REMOVAL	23b DATE	23c	NAME OF C	EMETERY OR	CREMATORY	23d LOCAT	TION		COUNTY _	CTATE
Burial	9/22/	87 Me	eadowr	ridge M	lem. Pk	. Elkr:	idge		oward	Marylar
24 FUNERAL DIRECTOR		ADDRESS	21229		25a, DA	P210	GISTRAR	REGIST	RAR'S SIGN	NO DOLLAR
Hubbard Funeral I	Home, Ind	c. 4107 V	Wilker	s Ave.	125	7213	10/1 gu	MILE ANGL	Methodon	1.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

DHMH - 16 60M 7/B4 (VRA 15, 4)



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STATE OF MARYLAND	0
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

	VI.		CERTIFIC	CATE OF DEATH	REG. NO		52
4	OR PRINT)	2)	HE7	TLEMAN	20 DATE OF DEATH	1'St 19	87 9:45 AM
3. SEX	FEMANE	CAMEASIAN	AUGU	1007	6 AGE (IN YEARS LAST BIRTH	NONTHE B	ER IF UNDER 24 HRS. AYS HOURS MIN.
	RUSSIA	CITIZEN OF WHAT COUNTRY?	WIDOWED	NEVER MARRIED DIVORCED	BANTIMORE CITY OR	0	Y ME
90. CI	34MinoRE	1. NAME OF HOSPITAL, NURSIN (IENO) IN SUCH FACILITY, GIVE STREET.	ADD ESS)	ATMIC HOSPITA	(1YPE OF WORK FOR MOST OF MILLINE	WORKING LIFE) INDUST	HATS
13a S	MARYLAND 136 COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMO	ORE	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / 2506 WETHE		21209
)	LEON	BÖNDI	ROFF	15 MOTHER'S MAIDEN NA	DIE		JŃKNOWN
160 W	VAS DECEASED EVER IN U.S. ARN TO NO OR UNKNOWN) (IF YES GIVE	VAR ON DATES) 166 SOCIAL SECU 216-01-2		MRS. HARRY	GOLDMAN 2506	WETHERBUF	RN RD. 212
ICATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D			20a AUTÓPSY?	206. IF YES, WERE FIN	NDINGS USED
AL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION AY YEAR		200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED SES OF DEATH? NO
MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION AY YEAR 19	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED SES OF DEATH? NO [
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OP CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINER) 220. Certify that (this hospite sow the deceased of ive on obove, five) (did it on the control of the	196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D. P.M. 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	AY YEAR 19 FARM ETC)	21c HOW INJURY OCCUR 21l LOCATION STREET 19 1 that in the (our) opinion	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OF TOW	20b. IF YES, WERE FININC CAU YES IN JIEM IB PART TORPART OUNTY TO COUNTY TO ONE ON THE ONE ONE ON THE ONE ON THE ONE ONE ON THE ONE ON THE ONE ON THE ONE ONE ON THE ONE ONE ONE ONE ON THE ONE ONE ONE ONE ONE ON THE ONE ONE ONE ONE	NDINGS USED SES OF DEATH? NO 2) STATE that (Liwe) last the couses stated
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (Al HOME STREET FACTORY, OFFICE, F oll) attended the seceosed from view the body offer deoth.	AY YEAR 19 FARM ETC.)	211. LOCATION STREET 1 Hot in The (our) opinion EGREE ATTENDING PHYSICIAN [20a AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OF TOW	20b. IF YES, WERE FIN IN CERTIFYING CAU YES IN ITEM IB PART I OR PART IN 10 TO THE ONLY T	NDINGS USED SES OF DEATH? NO [] STATE
MEDICAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OP CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINER) 220. Certify that (this hospite sow the deceased of ive on obove, five) (did it on the control of the	21b. TIME OF INJURY H HOUR A.M. MONTH DA 21b. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F VIEW the body offer death.	AY YEAR 19 FARM. ETC.) DI	21c. HOW INJURY OCCUR 21l LOCATION STREET 19 Hot in the (our) opinion EGREE 7 ATTENDING	20a AUTOPSY? YES NO CITY OR TOW CITY OR TOW death occurred on the dot MEDICAL STAFF DIRECTOR PHYSICI	20b. IF YES, WERE FIN IN CERTIFYING CAU YES IN ITEM IB PART I OR PART IN 10 TO THE ONLY T	NDINGS USED SES OF DEATH? NO 2) STATE that (** (we) las the couses stated

SEP 0 9 708

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 20 DATE KNOWN 🔀 (TYPE OR PRINT) OF ELAY IS NECESSARY, PLEASE TO THE FUNRAL DIRECTOR. I PAGE 5 FOR YOUR FILES. HE FILED (WITHIN 72 HOURS DEATH MATED 1987 Erica Hikes 4. RACE & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE OF BIRTH DATE LAST BIRTHDAY :40P PRONOUNCED 04-29-1971 Female White 16 YR DEAD 198 Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Annapolis, Md. United States DIVORCED Baltimore City INCITY OR TOWN OF DEATH 12a USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY University Hospital Baltimore Student High School USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) A.A. 138. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN Fernwood Dr. / 21146 Severna Park NO X 15 MOTHER'S MAIDEN NAME IA FATHER'S NAME G WITH FORM PM MIT. PAGEST AND 2 IE, DIXISION OF UNIT MIDDLE Hikes Kathryn Fedak 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Fernwood Dr. NO OR UNKNOWN) Severna Park, Md. 21146 216-88-7150 Mr. Carl Hikes 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 THOUR EXECUTE THE CRRITIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TEAM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNDED AS A BURIAL TRANSIT PERMIT. AFTER DEATH WITH THE STATE DEPARTMENT OF HEATH AND MENTAL HYGIENE, DESIGNARY WITH THE STATE DEPARTMENT OF HEATH AND MENTAL HYGIENE, DESIGNARY WAR TO BURIAL, CREMATION, OR REMOVAL. RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Head injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART L OR PART 2) 2:29AM MONH 29 UNDERLYING Passenger in auto/fixed object collision CONTRIBUTING CAUSE OF DEATH II LOCATION 21e PLACE OF INJURY (AT HOME AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) Anne Arundel Co., Magothy Bridge Road Maryland 22a I certify that I taak charge of the remains described above, held an Accident X Hamicide ___ Undetermined manner death resulted fram: A Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER 9-19-87 SIGNATURE ADDRESS 111 Penn Street, Balto., MD 21201 EXAMINER'S NAME Mario F. Golle, Jr., M.D. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 9-22-1987 Burial Cedar Hill Cemetery Brooklyn, Md 07 84 25M 24 FUNERAL DIRECTOR ROBERT Julia Dividon Pardass **DHMH - 17** SEVERNA PARK, MD (VR A15 ME (5))

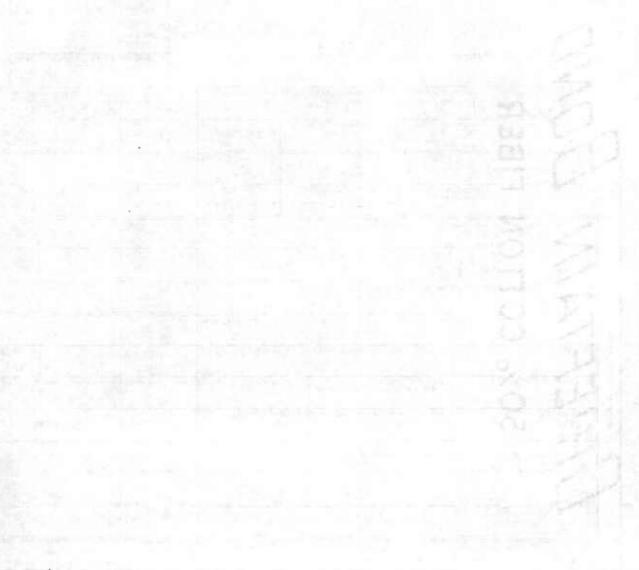
DEPARTMENT OF HEALTH AND MENTAL AYOR NE 068225 OCT -9 BY ATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME 20 DATE KNOWN 26 HOUR (TYPE OR PRINT) OF FUNERAL DIRECTOR.

5 FOR YOUR FILES.

10. WITHIN72 HOURS

W. PRESTON STREET, JAMES HILL DEATH MATED 4 RACE & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH 2c. DATE 12:00 MONTH LAST BIRTHDAY PRONOUNCED 3 31 DEAD 10-2-1987 MALE BLACK 13 74 PM 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY! Baltimore City MD WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Washington Street OR INDUSTRY RETAIN PARTICION Baltimore SMITH TRANSFER RETIRED USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS APT. 900 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD BALTIMORE YES 201 N. WASHINGTON A 88.32 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE EAST SAMUEL HILL DAISY GREEN In WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESSBOLLING A.F.B. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES! NO 218-01-0751 5482 B. LANGLEY WAY/ KAMINER ALONG WITH I AL-TRANSIT PERMIT, PAG MENTAL HYGIENE, DIVISI IRA HILL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PRESTON ST PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF EXAMINER Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF AS A BURIAL-EALTH AND ME CREMATION lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG INER: THIS CERTIFICATE SHOUL RE-FICATE, WRITING THE WORK, TENDER FE FORWARDED TO THE CHIEF WEBE TORE PACE 3 SHOULD BE USED AS A 17 THE STATE DEPARTMENT OF HEALTH LAND, 21201 PRIGHT OR BUREL CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE baron of the remains described above, held an 22a. I certify that I Autopsy death resulted from Hamicide | Undetermined manner TITLE (SPECIFY) DATE 10-2-87 ACTUAL Assistant SIGNATURE MEDICAL EXAMINER 111 Penn Street, Baltimore, MD 21201 EXAMINER'S NAME charles P. Kokes, M.D. (TYPE OR PRINT) ADDRESS 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 10/8/87 BURIAL HILL CEMETERY 07/B4 CEDAR ANNE AUNDET. MD 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 266 REGISTRAR'S SIGNATURE DHMH - 17 Wella Newdon Pandall MARCH F/H 1101 E. NORTH AVENUE (VR A15 ME (5))

STATE OF MARYLAND



MARCH F/H INC. ADDRESS 01 E. NORTH AVENUE

(VR A15 ME (5))

065340 SEP-174 TIFICATE OF DEATH REG NO 1. DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-YOUR FILES.
HOURS
STREET, DEATH MATED MARTHA HILL 9 19 87 IF UNDER 1 YR. 3 SEX 4 RACE DATE OF AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) DAY PRONOUNCED 8 18 10 DEAD BLACK 77 1987 FEMALE 16 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY! USA WIDOWED X Baltimore City VA DIVORCED W. CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS N/A INDUSTRY HOME MAKER 1036 N. Valley St. Baltimore 3a STATE 13b. COUNTY Br. CITY OR TOWN 131 STREET 13d. INSIDE CITY LIMITS? N. VALLEY STREET 21202 BALTIMORE YESK MD 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE GARY AA IDDI F EIRST BOOKER MATTIE POMPY 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 16 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WHENCE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT PAGES AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BALZIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. FLORENCE HILL 1036 N. VALLEY STREET 218-22-4977 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g). Hypertensive arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION 214 INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN Inspection X 22a I certify that I taak charge of the remains described above, held an Autapsy and in my apinian death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy 9-8-87 SIGNATURE EXAMINER'S NAM (TYPE OR PRINT) Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201

07/84 BP 25M DHMH - 17 (VR A15 ME (5))

BURTAT 24 FUNERAL DIRECTOR WM. C. MARCH F/H INC. 1101 E. NORTH AVE.

230 BURIAL CREMATION REMOVAL 236 DATE

9/12/87

23¢ NAME OF CEMETERY OR CREMATORY BALTIMORE CEMETERY

STATE OF MARYLAND

23d. LOCATION BALTIMORE 250. DATE REC'D. BY REGISTRAR

MD

2d HOUR

NO S

STATE

4:33 P.M

256 REGISTRAR'S SIGNATURE Julia Dandson.

NOTION EIR

9.049

in the filled in by the funeral director page 3 and 2 should be filed within 72 hours after death

671

STATE OF MARYLAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5

29	1 -	FOR STATE REGISTRAR			DEPAR		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	0.	1-12	1
23		E OR PRINT)	DAVID		OMAS H	HILL	TARD SR.		100 T 2'6'	, 1'987	26 HOUR
	3 SEX			RACE	ick		FC 1916	6. AGE (IN YEARS LAST BIR)	THDAY) IF I		HOURS A
70	No	RTHPLACE (STATEORE COUNTRY) orth Caroli	na	USA	WHAT COUNTR	MARRIE		9 BALTIMORE CITY O	Tomo	00 1	14
3/	B	altima AL RESIDENCE (IF NURS	220	FEANG	FS SCO	EST ADDRESS)	or other institution y Med. Cent	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Self-empl	F WORKING LIFE)	126. KIND OF INDUSTRY Home II	
35	130 S M	STATE STATE STATE STATE STATE	136 COUNT		Baltime	OWN	13d INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS / 4921 Goods	ZIP CODE	Apt.	E 212
0		Isham		IDDLE	Hillia		Parlie	WIDOFE		Was	rd
1		WAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES?	237-10		Geneva L. Hi	ADDRE		ell Ct	. 212
		Conditions, if ony,			AS CONSECUTION	DUENCE OF	Cenar Fo	ulure	47		
	CATION	gove rise to imm couse (a), statin underlying couse	which nediate ig the lost.	DUE TO, OR (b) DUE TO, OR (c) DUDITIONS CO	CACAN AS A CONSECUTIVE TO THE PROPERTY OF T	QUENCE OF	CENAL FO	INAL DISEASE OR CONI	20b IF YES, W	VERE FINDING	
0	A CERTIFICATION	gove rise to imm couse (0), stoffin underlying couse PART 2 OTHER SIGN 19e DATE OF OPERAL 21e ACCIDENT WAS UNIC OR CONTRIBUTING CONTRIBUTING COUNTRIBUTING COUNTRIBUTIN	which nediote ig the lost. NIFICANT CO	DUE TO, OR (b) DUE TO, OR (c) DIDITIONS CO 196 CONDITIONS CO HOUR A.A.	ONTRIBUTING TO	QUENCE OF O DEATH BUT CH OPERATIO	DN WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WIN CERTIFYIN	VERE FINDING NG CAUSES O	
29	MEDICAL CERTIFICATION	gove rise to imm couse (o), softin underlying couse PART 2 OTHER SIGN 19e DATE OF OPERAL 21e ACCIDENT WAS UNDER 19e ACCIDENT WAS UNDER 19	which mediate in the property of the property	DUE TO, OR (b) DUE TO, OR (c) DUDITIONS CO 19b COND! 21b TIME OI HOUR A.M. 21b PLACE C	CNTRIBUTING TO	QUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19	DN WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WIN CERTIFYIN YES [VERE FINDING NG CAUSES O	NO []
9		gove rise to imm couse (0), softin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UND OR CONTRIBUTING (IF ETIMER NOTHY MEDIX 21d IN JURY OCCURR	which nediote in the lost. NIFICANT CO TION DERLYING CAUSE OF DEATH CALEXAMINER; RED THIS hospito	DUE TO, OR (b) DUE TO, OR (c) DUE TO, OR (c) 196 CONDT 196 CONDT 216 TIME OI HOUR A.M P.M 21a PLACE C (AT HOME, STRI	PAS A CONSECTION FOR WHICE FINJURY M. MONTH M. DF INJURY EET, FACTORY, OFFICE	QUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE, FARM, ETC.)	216 HOW INJURY OCCURR	YES NO NOTED (ENTER NATURE OF INJUR CITY OR TO: death occurred on the do	20b IF YES, MIN CERTIFYIN YES [17 IN ITEM 18 PART WN	VERE FINDING NG CAUSES C 1 OR PART 2) COUNTY	STATI
9		gove rise to imm couse (0), softing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTHY MEDK 71d INJURY OCCURR WAIL WORK NOTHY MEDK 120 I Certify that (1) sow the decease above (1) weel; (1) weel; (2)	which nedicte in the property of the lost. NIFICANT CO TION CAUSE OF DEATH CALEXAMINER) RED Whis hospito and did (did not) AME (TYPE OR F	DUE TO, OR (b) DUE TO, OR (c) DUE TO, OR (c) DIPPORT TO THE	TION FOR WHILE TION FOR WHILE M. MONTH M. DF INJURY EET, FACTORY, OFFICE e deceased from	QUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE, FARM, ETC.)	216 HOW INJURY OCCURR 211 LOCATION STREET and that in (my) (aur) opinion of DEGREE ATTENDING	YES NO NOTED (ENTER NATURE OF INJUR CITY OR TO: death occurred on the do	20b IF YES, MIN CERTIFYIN YES [17 IN ITEM 18 PART WN	VERE FINDING NG CAUSES C 1 OR PART 2) COUNTY And from the co	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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BP.

DHMH - 16 60M 7/ (VRA 15, 4)

STATE OF MARYLAND

CEDTIEIC ATE OF DEATH

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. REGISTRAR		CERTIFICATE OF DEATH	REG. N	10.	
1. DECEASED NAME FIR	ST MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY Y	EAR 26 HOUR
(TYPE OR PRINT) JA	ANET Ann	HILTE	SEPTEM	BER 14,	1987 1:4
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BE		
Female	White	July 21, 194 1 194 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	46	YRS.	
TO. BIRTHPLACE (STATE OR FOREIG	76. CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEA	TH
Easton, Md.	USA	WIDOWED DIVORCED	Boltin .	ore City	
Baltimore	Church Hosp		120. USUAL OCCUPAT (TYPE OF WORK FOR MOST) Clerk		ind of Business of SJRY Piety Store
Maryland 13b	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ON TO 131. CITY OR TO 131. CITY OR TO 131.	TE YES NO	2526 Fait	ZIP CODE AVE. 2	21224
14 FATHER'S NAME FIRST Leslie	Willis Beall	15. MOTHER'S MAIDEN N	Whitely MIDDLE	4.5	LAST
160 WAS DECEASED EVER IN U	MEE CONTINUE OF CONTINUE		· ADDR		
No	- 216 38	7346 Bernard T.	Hilte, Husba	nd Same)
PART 2. OTHER SIGNIFIC DIABET		O DEATH BUT NOT RELATED TO THE TE	20s AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
21a. ACCIDENT WAS UNDERLY		21c. HOW INJURY OCC	JRRED (ENTER NATURE OF INJU	YES PART I OR PA	NO [
OR CONTRACTOR CONTRACTOR		DAY YEAR			
THE EITHER NOTIFY MEDICALE) 21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	OWN COUN	ITY STATE
saw the deceased a	hospital) attended the deceased framive an SED 14 19 did stil view the back after death.	SEPTEMBER 1.3° (aur) opinion DEGREE	MEDICAL STA	ote and haur and Iran	7—, that (t) (we) las m the couses stated
Jonato	N 1/	22e ADDRESS CHUI	DIRECTOR PHYSICAL HOSPITA	AL CORPOR	, , , , , , , , , , , , , , , , , , , ,
230. BURIAL, CREMATION, REM		100 N. BI C NAME OF CEMETERY OF CREMATOR Gardens of Faith		e Co., 'Md'.	
	neral forme PA 1407	Old Eastern Ave.			

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ATTENDING PHYSICIAN The

TO HOSPITAL OR

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

etained by the hospital or ottending physicion.

completely filled in by the funeral director, page 3 12 and 2 should be filled within 72 hours ofter death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DEP			EALTH AND MENTAL HYC	SIENE	REG. NO	ing.	,	19
P 23	6	CEASED NAME	FIRST		MIDDLE		LA	\ST	26 DATE C		MONTH DA	AY YEAR	26 HOUR
	(IYRE	OR PRINT)	DAV	MOND	1	P.	ит	ATTIEN A CIT	SEP	TEMBE:	R 20	1987	97
	3 SE			RACE		_	DATE O	NTENACH F BIRTH		YEARS LAST BIRT		F UNDER I YEAR	IF UNDER 24
							MONTH	DAY YEAR		0.1		ONIHS DAYS	HOURS A
	7a 81	MALE RIHPLACE (STATE OF	SOR CN	WHI!		UTDY2 &	MA.	RCH 12 1906		B1	R COUNTY (DEDEATH	
26		OUNTRY)	TOREIGH .			1		NEVER MARRIED		_			
	10 C	MD . TY OR TOWN OF DE	ATH	U.S		-	/IDOWE	DIVORCED [120 115114	BALT		CITY	F BUSINESS
2)	BALTIMOR	RE	4110	HARR.	IS A	VE.	KOMEK INSTITUTION	TTYPE OF WO	ORK FOR MOST O	TECH.		
a si	13a. S	AL RESIDENCE (# NUI	13b COUN	OTHER INSTITUTION	1134 CITY OF	e before ada R TOWN TIMO		136 INSIDE CITY LIMITS?	13e STREET	ADDRESS 10 HA	ZIP CODE RRIS	AVE.	2120
xamine	14 FA	THER'S NAME JOSEPH		AIDDLE H.	INTEŇ	ÄCH		15 MOTHER'S MAIDEN NA		WIDDLE		DIT	LMAN
0		VAS DECEASED EVE			166 SOCIAL	LSECURIT	Y NO.	17 INFORMANT		ADDRE			2120
led.	- 1	NO UNKNOWN)	(IF YES GIVE	WAR OR DATES)	213-	10-5	003	A JANICE I	PETR	5414	GERLA	ND AV	E.
2		In the second second								0		1 APPROX	WATE PUTERO
3		18 CAUSE OF DEA PART I. DEATH	IM (bate) onl	y one couse per	r line for (o), ((b) and ic			o-			HIWES	ONIET AND D
ny injury, or other tr	NOIT	gove rise to in couse (a), stot underlying courselying courselying courselying DATE OF OPER	ong the lost on the se lost of the se lost on the second of the second o	(c) ONDITIONS <u>C</u>		G TO DEA	TH BUT	NOT RELATED TO THE TERM	AINAL DISEA		2	N IN PART I	
ows or	CERTIFICATION					VIIICH OF	ERATIO		YES [но 🗌	IN CERTIFY YES	ING CAUSES	OF DEATH
em 18:		OR CONTRIBUTING	CAUSE OF DEA		OF INJURY .M. MONTI .M.	H DAY	YEAR	21c HOW INJURY OCCUR	RED (ENTER	VATURE OF INJUI	RY IN ITEM 18 PAI	RT I ORPART 2]	
rked or t	MEDICAL	21d. INJURY OCCU	RRED	21e PLACE	OF INJURY	OFFICE, FARM	etc)	211 LOCATION STREET		CITY OR TO	wn	COUNTY	STA
l is mo		220.1 certify that (sed olive on	C/2	1	from	202	flot in (my) (our) opinion	deoth occur	on the de	te pind hour		that (I) (we
m 2		abave, (I) (we)	(did) (did not	I view the body	after death	7		DEGREE				22c DATE	
T. # he		W	-75	Jen	n	U		ATTENDING PHYSICIAN	MEDICA	L STAI	FF CIAN [9/2	1657
MPORTANT		22d PHYSICIAN'S		WILLI	AM RE				ST. P		т.		
4	23a. 1	BURIAL CREMATION		23b. DATE 9/23/		HOI	Y R	EDEEMER	23d LOC	BALTI	MORE	COUNTY	МД
7/84		3331 B	NEK FU	UNERAL Lane,	HOME Balt	os. IN	ic.	21213 SE		REGISTRAR 1987	256 REGISTR	Devider	Rondas

065864 SEP 15187 STATE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25761

-1		REGISTRAR		CERTI	ICATE OF DEATH	REG. NO)					
1		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	німом	DAY YEAR	26 HOUR			
-1	,,,,,	Michae	1 L.	H	nat	Septembe	r 6.	1987				
1	3 SEX	X	4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIRT	HDAY	WONTHS BATS	IF UNDER 24 HRS			
		Male	White	Augu	st 14, 1915	72	YRS	MONINS BATS	NOURS MIN			
4	o BII	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	FPY2 8	DEN NEVER MARRIED	9 BALTIMORE CITY O	COUNT	Y OF DEATH				
7		Pennsylvania	USA	WIDOW		Baltimore	City		MC			
7	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME		12a USUAL OCCUPATION	NC	126 KIND C	F BUSINESS OR			
	1	Baltimore			edical Center	Shearman			Steel			
1	USUA I3a S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE E	SEFORE ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS /		2 2 4				
2				dalk	YES NO X	1708 Wate			21222			
2	4 FA	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA		7	ĮAS				
a	1	Michael	L. Hna		Anna	WIDDER		Bukove				
3		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS	- Junov	CODILY			
4	-	NO OR UNKNOWN) (IF YES, GI	213-07	-2593	Loretta M	Hnat 1708	Wate	rvale A	ve. 212			
1		18 CAUSE OF DEATH (Enter o			HOTCECA III	111100 1700	wate		MATE INTERVAL ONSET AND DEATH			
1	60	PART I. DEATH WAS CAUSI	EN RV	diac a	15000			BUINGS	ORIGINAL PROPERTY.			
П		IMMEDIA			11 (31							
П		DUE TO, OR AS A CONSEQUENCE OF										
-		Conditions, if any, which gove rise to immediate (b) hyperadial Infarction										
- 1		cause to, stating the										
П		underlying cause last	10 Avier	roschero	ic Hear 1	disease						
П		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GI	VEN IN PART I	o			
	õ	Obesity										
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN				
	TIFE					YES NO		ES [NO 🗆			
0	CER	210 ACCIDENT WAS UNDERLYING	THOUSE A 14 HONESTILL	DAY VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN HEM IB	PART I OR PART 2)				
	A	OR CONTRIBUTING CAUSE OF DE	AIH	19								
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO	161	COUNTY	STATE			
	2	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OF	FICE FARM ETC)	STREET	CITY OR TO	V N	COONT	STATE			
Н		220.1 certify that (I) (this hosp	utal) attended the deceased fr	om.	. 19	to		19	that (I) (we) last			
П		saw the deceased alive an 19 and that in (my) (our) aprilion death accurred an the date and hour and I										
		abave, (I) (we) (did) (did no	at) view the bady after death.		DEGREE			22c DATE	SIGNED			
		100	0		ATTENDING	0/0	100					
+		THE PHYSICIAN'S NAME (1991	- more		PHYSICIAN 122e ADDRESS	DIRECTOR PHYSIC	AN L	17/8/	181			
П		the cuttorials a sever fills	On reliable		150()	7011	0 /	20 - 1	2 10 21			
			arcus, mo		12/6 mem	11 12 Wd.	1300	a, ma	2124			
		BURIAL, CREMATION, REMOVAL	L 23b. DATE	23¢ NAME OF	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE			
		Burial	9-10-87		red Heart of M			ce Maryl				
	24 FL	UNERAL DIRECTOR Duda-	-Ruck Funeral	lome of	Dundalk 250 DAT	E REC'D. BY REGISTRAR	Sb REGIS	TRAR'S SIGNAT	URE			
		7922	Wise Ave. Dung	lalk, MI	21222 SE	P 1 5 1987	Julio	2 Divideon	- Pandage			

DHMH - 16 60M 7/84 (VRA 15, 4) moy be

nerol director, page 3 n 72 hours ofter death

TO FUNERAL DIRECTOR: After this certificate hos should be detached for use as the buriol-tronsit per with the State Dept of Health and Mental Hygienes

TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the hospital or attending physician

(VRA 15, 4)

FOR STATE REGISTRAR

STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

	CE ASED NAME	FIRST	,	MIDDLE	1/	151	20 DATE OF DEATH MONTH D.	AY YEAR	2b. HOUR	
{TYPE	E OR PRINT)	Α.	I	BERTHOLD		HOEN	SEPTEMBER 10,	1987	6 A. A	
3. SEX	x Male	4.	RACE White	9	S. DATE O	ber [™] 13,1897		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
7a. BI	RTHPLACE (STATE OR F	d 7b	USA	WHAT COUNTRY?	MARRIED WIDOWE	XXNEVER MARRIED DO DIVORCED	Baltimore City Baltimore City		MI	
10. CI	Baltimo:		NAME OF I	HOSPITAL, NURSIN HEACHTY, GIVE STREET, LIGE EWOOD	G HOME O ROAD ROAD	R OTHER INSTITUTION	Board Chairman	126 KIND OF INDUSTRY Hoen	Co.	
130 S Ma	al RESIDENCE (# NURS STATE aryland	ING HOME OR OT 13b COUNTY		Baltimo		134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE,	Rd.	21210	
14. FA	Albert	B. MID	DLE	Hoen	38	is mother's maiden name Mary	MIDDLE	ons		
	WAS DECEASED EVER YES, NO OR UNKNOWN) Yes	IN U.S. ARME	D FORCES? (AR OR DATES)	215-10-0		Mary W. Hoen	Same			
	18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gave rise to imm couse (a), stofin underlying cause	AS CAUSED I IMMEDIATE (, which mediate ig the	DUE TO, O	line for (a), (b), appears to the consequence of th	NCE OF	umers b	lisease.	APPROXIU BETWEEN O	MATE INTERVAL PASET AND DEATH	
IFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS OF THE PROPERTY OF THE PR					NOT RELATED TO THE TERM	200 AUTOPSY? 206. IF YES,	WERE FINDIN	IGS USED	
AL CERT	21a ACCIDENT WAS UND OR CONTRIBUTING (1)	CAUSE OF DEATH	216 TIME O HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2}		
MEDICAL	21d INJURY OCCUR	ane 🗆	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
	270 I certify that (I) (this-hospital) attended the deceased from 19 5 to 5 pt 10 19 5 that (I) week saw the deceased alive on 5 pt 19 5 and that in (my) (or) apinion death occurred an the date and hour and from the causes stated above, (I) (well (did) (pid next view the body after death.									
	226. SIGNATURE	Loue	ills.	Is-	(ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/11	SIGNED 1/8h	
	Worth	B. Dai	/	Jr. M.	D.	11 E. Chase	St. Baltimore,	Md. 2	1202	
23o. E	BURIAL, CREMATION, (SPECIEV) Burial	REMOVAL	236. DATE 9/12,	1-		emetery or crematory	23d LOCATION CHYORIOWN Baltimore City	, Mary	land	
Mi Mi	uneral director tchell-Wie	defeld	Home,		6500	Warner Da 250 PAR	REC'D BY REGISTRAR 256 REGISTR	AR'S SIGNATI	URE	

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STATE OF MARYLAND

and completely filled in by the funeral director, page 3 ages 1 and 2 should be filed with p.72 hours after death

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please men with the State Dept. of Health and Mental Hygiene prior to buriol, creme

BP. DHMH - 16 50M 1/8I (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5

	ECEASED NAME FIRST PE OR PRINT) MARIE	E	MIDDLE	toge	\$1 **	2e. DATE OF DEATH	9- 3	- 1987	26 H
3. SE		4. RACE		5. DATE OF		4. AGE (IN YEARS LAST B)		IF UNDER TYEAR	IF UN
	Mama) a	Turn de	4-	MONTH	DAY YEAR	0.7		MONTHS DAYS	HOUR
70 B	BIRTHPLACE (STATE OR FOREIGN	Whi-	WHAT COUNTRY?	1 2	14 04	9 BALTIMORE CITY	OR COUNTY	OF DEATH	-
	COUNTRY)	71			NEVER MARRIED	Do I do do mo	C		
10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	WIDOWED	OTHER INSTITUTION	Baltimo	ION	126 KIND C	F BUS
1	Del A.		CH FACILITY, GIVE STREET		- 1	(TYPE OF WORK FOR MOST		FE) INDUSTRY	
ปรบ	JAL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION	Agnes Ho		3	Homemak		3/1.0	
13e. S	STATE 136 COL	YTAL	13c. CITY OR TOW	'N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	_		-
14 E	ATHER'S NAME		I Balto.		YES NO I		ford	Rd. #	212
	FIRST	MIDDLE	LAST		FIRST	WIDDLE		EAS	-
160.3	WAS DECEASED EVER IN U.S. A	PMED EODCESS	Naprel	IDITY NO	Louise	ADDR	565	He	
		GIVE WAR OR DATES)			17 INFORMAN 917 !				
			1213-05-	-2990	Mr.Joseph	S. Hogg, J	r. I	1d.#21	
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	(c)_	OR AS A CONSEQUE		officiency	NAIAL DISEASE OF CO.	IDITION C"	(EN IN DARK)	
ATION	gove rise to immediate couse (a), stating the	(c)_ CONDITIONS C		DEATH BUT N		AINAL DISEASE OR CON	20b. IF YES	S, WERE FIND#	VGS U
0	gove rise to immediale couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(c)_ CONDITIONS C	CONTRIBUTING TO	DEATH BUT N			20b. IF YES		VGS U
CERTIFIC	gove rise to immediate couse (a), stating the underlying cause last: PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O	196. CONDITIONS CONDIT	ONTRIBUTING TO I	DEATH BUT NO OPERATION		20a AUTOPSY? YES NO	20b. IF YES	S, WERE FIND# FYING CAUSES ES	NGS U
CERTIFIC	gove rise to immediale couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	CONDITIONS	ONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. OF INJURY	DEATH BUT N OPERATION AY YEAR 19	WAS PERFORMED 21c HOW INJURY OCCURI	200 AUTOPSY? YES NO	20b. IF YE IN CERTIF YE URY IN ITEM 18 1	S, WERE FIND# FYING CAUSES ES	NGS U
0	gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O (IF EITHER NOTIFY MEDICAL EXAMINITY OCCURRED)	CONDITIONS	ONTRIBUTING TO DITION FOR WHICH	DEATH BUT N OPERATION AY YEAR 19	WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YE IN CERTIF YE URY IN ITEM 18 1	S, WERE FIND N FYING CAUSES S D PART I OR PART 2)	NGS U
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The other was

		CEASED NAME E OR PRINT)	FIRST		WIDDIE		AST		20. DATE KNOW OF ESTI-		TH DAY YEAR	Zb, HOU
1	2.05	4. RA	MICHA		D. 11 .05	HOL			DEATH MATE	D L G		
	MA.	LE BLA	ACK	DATE OF BIRTH	53 33 YR	AY) MONTH	DER 1 YR. IF L	URS MIN.	PRONOUNCED DEAD	9	12 19 3	10:2
5		RTHPLACE (STATE OF REIGN COUNTRY) MD	3	7b. CITIZEN OF W	SA	8. MARRIE WIDOW	D X NEVER	MARRIED	9 BALTIMOREC Balti	more (M
-	IO CI	Baltimore		HE NOT IN SUCH FA	SPITAL, NURSING HOME ACHITY, GIVE STREET ADDRESS) HOOKINS HOSK		R INSTITUTION	FOR	UAL OCCUPATION MOST OF WORKING LIFE FULLTIME		CONSTR	STRY
	USUA 130. S		136 COUNTY	OTHER INSTITUTION, G	13 CITY OF TOWN		13d. INSIDE CITY LI YES (X)		26 E. NOR	TH AVI		
	1	THER'S NAME WILLIAM		MIDDLE R.	THÖMAS		SHI	MAIDEN NAM	WIDDIE		*^ H O	LLIS
	16a V (Y	VAS DECEASED EVE ES, NO, OR UNKNOWN) YES	R IN U.S. ARMI		212-66-039		DEBORA		IS 2238 E	RESS NOR	rh AVENU	E
	7	Canditians, if		(b)								
, W.	NO	cause (a) statin	ng the <u>under</u> - it.	(c)	R AS A CONSEQUENCE C		OR COHDITION GIV	EN IN PART 1 (a)				
	CATION	cause (a) statin	ng the <u>under</u> .t. AHT CONDITIONS <u>CO</u>	(c)		IINAL DISEASE					20 AUTOPS	Ϋ́
	CAL CERTIFICATION	cause (a) stating lying cause las	RATION USE WAS	(c) PHIRIBUTING TO DEATH 19b. CONDI 21b. TIME O HOUR A.A.	BUT NOT RELATED TO THE TERMI ITION FOR WHICH OPER FINJURY NO T A. MONTH DAY YEAR	EATION WA	AS PERFORMED WINJURY OC	O?	RATURE OF INJURY IN IT	EM 18 PART 1 OF	YES 📮	
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1 7 82		cause (a) stating lying cause los lying cause los part 2 OTHER SIGNIFICATION CONTRIBUTION CONTRI	HAT CONDITIONS CO	19b. CONDI 21b. TIME O HOUR A.A. P.A.C. STREET, FAC. HOME	BUT HOT RELATED TO THE TERMI ITION FOR WHICH OPER, FINJURY NOT VEAR A. MONTH DAY YEAR A. MONTH DAY 19 OF INJURY (AT HOME, LTORY, FARM, ETC.)	PATION WA	AS PERFORMED WINJURY OC bject use ATION REET 6 E. Nort	CURRED LENTER ed drugs th Avenue spection , Unde	CITY OR TOWN	nore Cit	YES (2) COUNTY Y, MD	STATE
	MEDICAL	cause (a) stating lying cause loss for lying cause loss part 2 other significations of the light state of th	RATION USE WAS OR OF DE REED OT WHILE WORK Notation E Den	19b. CONDI 19b. TIME O HOUR A.A. 11e PLACE STREET, FACE HOME	FINJURY NOT RELATED TO THE TERMI	TATION WATER TO THE PROPERTY OF THE PROPERTY O	AS PERFORMED W INJURY OC bject use ATION REE TO Ins THOMICULE SPEC ASSIST	CURRED (ENTER ed drugs th Avenue spection (), () () () () () () () () () () () () ()	CITY OR TOWN Baltin Inquiry .	ond in my X DA	COUNTY CO	STATE

REGISTRAR

DECEASED NAME

TYPE OF PRINTS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTEN CERTIFICATE OF DEATH

MIDDLE

2	5	1	0	4
			-53	

7h HOUR

REG. NO.

20 DATE OF DEATH MONTH

1097

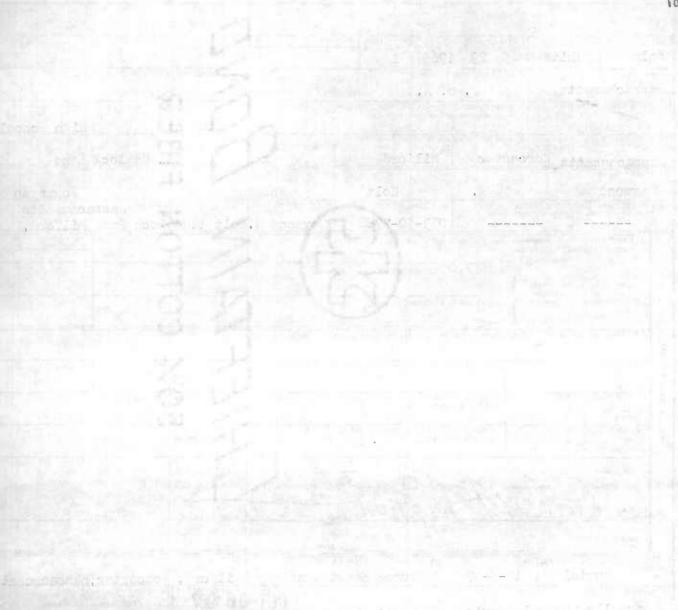
. After this certificate has been signed by the ottending physician and the company of the funeral director, page 3	mile that the within 72 hours ofter death		
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SE	ise as the burial-transit permit. Then please remove carbon paper in fearth and	eoith and Mental Hygiene prior to burial, cremation, or removal.	
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0;40A CLYDE HOLLOWAY SEPTEMBER 1, 1987 4 RACE AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH MONTH DAY YEAR 11. 1919 Male White Sept. To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY U.S.A. DIVORCED Maryland CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) THE JOHNS HOPKINS HOSPITAL BALTIMORE Foreman ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 134.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? Freeland.Md. Baltimore Freeland 1726 Brooks Road, 21053 A FATHER'S NAME 15 MOTHER'S MAIDEN NAME Sarah Ellen Jones Thomas L. Holloway IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 1726 Brooks Road, 16b. SOCIAL SECURITY NO. Yes 160-16-3131 Agertha B. Holloway Freeland, Md. 21053 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? KLATSKIN Umon 710. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21s PLACE OF INJURY 211. LOCATION 21d. INJURY OCCURRED CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from and that in (my) Coursopinion death occurred on the date and hour and from the causes stated 775. SIGNATURE DEGREE MEDICAL STAFF FUNERAL I DIRECTOR PHYSICIAN MPORTANT. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial CITY OR TOWN Sept. 41987Mt. Zion United Meth. Freeland, Baltimore Co., Md. 24 FUNERAL DIRECTOR 24 Second Street 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

New Freedom, Pa. 17349

DHMH - 16 60M 7/84 (VRA 15, 4)

J. J. Hartenstein



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR				EALTH AND MENTAL HY	TENE	REG. NO.			*
	LDEC	FASED NAME FIRST	MID	DLE	£.A	12.	20. DATE O	FDEATH MO	NTH DA	YEAR	2b HOUR
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		Female	CAUCASIA		8 WONTH	11 /2+	63		YRS		HOURS MIN.
	70 BIF	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WE	HAT COUNTRY?	ARRIED	EVER MARRIED	9. BALTIMO	RE CITY OR	OUNTYO	FDEATH	
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		gave rise to immediate couse (a), stoting the		The second		AIVO JII JA					
		underlying cause last.	DUE TO, OR A	S A CONSEQUENCE	OF.						
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	E	9					YES 🗌	NO .	YES		NO 🗆
ì	Ü	210 ACCIDENT WAS UNDERLYING			YEAR	21c. HOW INJURY OCCURR	ED (ENTER N	ATURE OF INJURY IN	ITEM 18 PAR	I OR PART 2)	
	AL	OR CONTRIBUTING CAUSE OF DE	ATR	MOIVIII DAI	19						
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF	INJURY	76.1	211. LOCATION		CITY OR TOWN		(OUNTY	STATE
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		saw the deceased glive or above, (I) (we) (did) did no	1 9 / 23	ter death	, and	d that in (my (our) opinion d	death occurre	ed on the date	and haur a	ind from the o	couses stated
		22b. SIGNATURE	M		C	DEGREE				22c DATE	SIGNED
		1 Lit 4.1	1 Curso	m.	0	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAL	M	19/2:	3/87
		224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				1	
		Nick F. A	LOSSO , I	MD		3001 S. HANO	VER S	t., BAR	hour	MD.	
		SURIAL, CREMATION, REMOVAL			E OF CE	METERY OR CREMATORY	23d LOC	ATION FOR TOWN		COUNTY	SLATE
	-	Burial	Sept.25	5,1987 G	ett	ysburg Nat.	Ge-	ttvsbu	ro	Pen	na.
	24. FU	INERAL DIRECTOR	23	/ E. Pat	aps		REC'D. BY	REGISTRAR 256	REGISTRA	me a	JRE
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STATE OF MARYLAND

PARTMENT OF HEALTH AND MENTAL HY	GIENE			
CERTIFICATE OF DEATH	REG. N	٧٥.		
LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2

DU	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE REG. NO	0.
3. SEX	M	A. RACE B	HOOD SR S. DATE OF BIRTH MONTH 4 - DAY VEAR	20 DATE OF DEATH 6 AGE (IN YEARS LAST BIR	MONTH DAY YEAR 26 HOUR -26-87 /2:19 IHDAY) IF UNDER 1 YEAR IF UNDER 24 HRE WONTH'S DAYS HOURS MIN
C	RTHPLACE (STATE OR FOREIGN COUNTRY) N. C TY OR TOWN OF DEATH THOSE	76 CITIZEN OF WHAT COUNTRY USA 11. NAME OF HOSPITAL, NURSI FOR IN SUCH FACILITY, GIVE STREE BON SEC OWN	MARRIED LINEVER MARRIED LINORCED DIVORCED [ING HOME OR OTHER INSTITUTION TADDRESS)	1 2 11	
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letely filled in by the funeral director, page 3 ad 2 should be filed within 72 hours after death

within 24 hours after death. Page

066204 SEP 18

STATE OF MARYLAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IDECEASED NAME 18-11 MODE 18-31 18-30 18-3	SEX STATE B					REG. IN	.0.
1 SEX	1. SEX			WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 25 HOUR
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	PAUL E. GORMURY 900 Caton Ave Golfs. Md. 2010	1	224 PHYSICIAN'S NAME TYPE	OR PRINT		A A	11/10/-1
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BP DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical and should be detached for use as the buriol transit permit. Then please remove carbonopopers. Rogal with the State Dept. of Health and Mental Hygieke prior to burial, cremation, or remayable.

IMPORTANT: If Hem 21 is marked or Item 48 shows any injury, or other traumatic event, the median

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

retained by the haspital or attending physician.

	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often	
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TO FUNERAL DIRECTOR, after this certificate has been signed by the should be detached for use as the burial-transit permit. Then please remwith the State Dept. of Health and Mental Hygiene prior to burial, crema MPORTANT. If them 21 is marked or them?

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	11/4		

FOR STATE	DE		HEALTH AND MENTAL HYG	IENE			
REGISTRAR				REG. N	O		
ASED NAME FIRST	WIDGLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
Alice	E.	140	sover		09 03	87	245 AM
2.5EX	4 RACE	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI	THDAY) IF U	NOER TYEAR	IF UNDER 24 HRS
Fa /	1.26:1	MONTH		1 1 -	MON	HS DAYS	HOURS MIN
2 Ft male	While	02	09 25	9 6	YRS		
	TO CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH	
Maryland	USA.	WIDOWI	ED DIVORCED	Balte	D. C.7	TY	MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 1	12b. KIND OF INDUSTRY	Cafeter:
, Pallo,	Deaton Hasp.	& med (enter-South	Cafeteria	Manager	Schoo	01
USUAL RESIDENCE (IF NURSING HONE OR O	OTHER INSTITUTION GIVE RESIDENCE TY 136 CITY O		113d INSIDE CITY LIMITS?	13. STREET ADDRESS	/ ZIR CODE	,	
	.A. Ba	Ito.	YES NO KX	5233 4	Str	eet,	21225
MATHER'S NAME			15 MOTHER'S MAIDEN NA				
) Marshall "	our dur	sler	Florence	WIGGIE	5.00	Poe	P. Lake
(YES NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIA	L SECURITY NO	17 INFORMANT	ADDR	ESS		
No No	219	12 1941	Louis W.	Hooverse	SAME	as l	3e -
18 CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED IMMEDIATION.)		ibs, and ics	lung Con	cinoma		BETWEEN O	NATE INTERVAL NSET AND DEATH
Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON						
underlying cause lost	DUE TO, OR AS A CON						
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART To	
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES		
210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR		_	OR PART 2)	
On CONTRACTOR CONTRACTOR	TH HOUR A.M. MONT	H DAY YEAR					
(IF EITHER NOTIFY MEDICAL EXAMINER)		19					
(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED AMILE NOT WHILE	21e PLACE OF INJURY	OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
AT WORK AT WORK	Day of the state of	,	9/2 1987		9/2 10	8年	
22a I certify that (I) this haspit	1 -1-	6.0		, 10	19	11	hat [II (we)]ost
sow the deceased alive on above, (I) (we) (did) did not	view the body ofter death.	19_0 , 0	nd that in (my) our popinion	death occurred an the d	ate and haur an	d from the c	auses stated
226. SIGNATURE	-		DEGREE			22c DATE S	SIGNED
N. A.	111		ATTENDING PHYSICIAN	MEDICAL STA		9	3 /87
DR VAZ	SPRINT)		South Bo	altimore C	enera	Hos	spital
23a BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	CEMETERY OR CREMATORY	23d LOCATION			
(SPECIFY) Burial	9/5/87	Glen Ha	ven Mem Park	Glen Bur	mie "	A.A.	Md
M EUNIERAL DIRECTOR	1 21 -1			GIOTI DUI			ITCL IDE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

George J. Gonce 4001 Ritchie Hgwy Balto Md

SEP04 1987 And Senden Andrew

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDRENE

2 5

SEP 2 9 1987 Julia Dividson Rudas

filled in by the funeral director, page 3 and be filed in 17.72 haurs offer death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detoched far use as the burial-transit permit. Then please remave carbon papers. P with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar remaval. BP DHMH-16 30M 2/80 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, as other traumatic event, the

FOR

1 '8	REGISTRAR				CERTIF	ICATE OF DEATH	1	REC	G. NO.		
I. DE	CEASED NAME	FIRST		WIDDLE	1	AST e	20	DATE OF DEAT		DAY YEAR	26 HOUR
(1177)	E OR PRINT)	ISA		M.	H	ookins		09-2	- 87		325 AM
3. SE	X		4 RACE		5. DATE C			AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	
F	EMALE		CAUCE	SIAN	MONTH	24 9		90	YRS	MONIHS DAYS	HOURS MIN
	IRTHPLACE (STATE	OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIE	9.	BALTIMORE CIT	Y OR COUN	TY OF DEATH	
13	Michigan	100	USA		WIDOWE			BALT	imore	City	MD.
10 C	ITY OR TOWN OF I	DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTIO		TYPE OF WORK FOR MI			F BUSINESS OR
10	BALto		HAVE	NNS	()	me	1	Owner	DSI OF WORKING	Dry Cl	leaning
USU 13e	AL RESIDENCE (IF N	URSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFO		134 INSIDE CITY LIM	1702 112	e STREET ADDRE	cc		-4-2-1
1.0	Maryland	130 00010		Baltimo		YES NO				Avenue,	21215
14_F	ATHER'S NAME		AIDDLÉ	LAST		15. MOTHER'S MAID		MIDD			
	Myron		KIDDEE	Corwi	n	Rosie	2	MIDU	it.	Asselt	vne :
	WAS DECEASED EV		MED FORCES?	166 SOCIAL SEC		17. INFORMANT	-	A	DDRESS	71.71	7
	No	(IF 1E3, GIVE	- WAR OR DATES!	367-07.	- 3786	Carolyn S	Smile	y. 1703	Georgi	a Avenue	
	18 CAUSE OF DE	ATH (Enter on	y one couse per	line for (a), (b)/ a	ond (c).)	2		1		APPROX	MATE INTERVAL ONSET AND DEATH
-	PART I. DEATH	WAS CAUSED	DBY: E CAUSE (o)	Arute	00	Vomana	+ (dem	,		
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	Conditions, if o		(b)	Kone	1	nolone		25			
	gove rise to couse (a), sto		DUETO	R AS A CONSEQ	HENCE OF	,00					MESS I
20	underlying co	use lost.	(c)_				- 28				
	PART 2 OTHER S	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	E TERMIN	AL DISEASE OR C	ONDITION G	IVEN IN PART 1	0
CERTIFICATION					N 159						
CAI	190 DATE OF OPE	RATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	2364	20a AUTOPSY?		ES, WERE FINDING CAUSES	
RTIF								YES NO		res 🗆	NO 🗆
	210. ACCIDENT WAS		21b. TIME C	FINJURY M. MONTH I	DAY YEAR	21c HOW INJURY C	OCCURRED	(ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2)	
CAL	(IF EITHER NOTIFY M	EDICAL EXAMINER		M.	19						THE REL
MEDICAL	21d. INJURY OCC		21e. PLACE	OF INJURY	FARM, ETC 1	211 LOCATION STREET		CITY	ORTOWN	COUNTY	STATE
1	AT WORK AT	WHILE .							<u></u>	03	
	220.1 certify that		ol) offended th	3 /	3)7	19_	86	, to	- d/		that (I) (we) lost
	obove, (1) (we	osed plive on.) (did) (did not	www the body			nd that in (my) (our) a	pinion dec	oth occurred on th	ie date and he		
-	226. SIGNATURE		111			DEGREE	NIC .	AAEDIC AI	22472	22c. DATE	SIGNED
		1	1/11				IAN E	MEDICAL DIRECTOR PH	YSICIAN [9-0	1247
	22d. PHYSICIAN'S	NAME	Marie Ton			22e ADDRESS					
	Dr. Ord	onezsm:	ith			303 N. F	Rollin	ng Road			
	BURIAL, CREMATIO		23b. DATE	230	NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION	N	COUNTY	STATE
	Buri	al	10/1/	87	Rosela	nd Cemeter	У	Jackson		Jackson	Michiga
24 F	UNERAL DIRECTOR			ADDRESS	21229	9 2	Se. DATE R	EC'D. BY REGIST	RAR 25L REGIS	STRAR'S SIGNAT	URE
Нι	ubbard Fu	neral H	lome, Ir	c. 4107			SEP :	2 9 1987	Julia !	Tundern Ra	ndees

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYPENE CERTIFICATE OF DEATH

I O SF	P _	1.	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYS	REG. N	10.		*	
. 0 02			CEASED NAME FIRST	Dorothy	-11	TAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
poge 3 r deoth			NORINE	XI	HOP	PΆ	SETTEMBE	7.198	27	12.00%	
er d		3. SE		4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIE		NDER I YEAR	IF UNDER 24 HRS	
ector irs of	Female		remale	White	~2 2 ¹	" °78 °21	66	YRS	HS DAYS	HOURS MIN.	
772 6	34	7a. B	RTHPLACE (STATE OR FOREIGN EQUITIVE)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOW		Baltimore City of		DEATH	MD	
M CITY OR TOWN OF DEATH Baltimore			11. NAME OF HOSPITAL, NURSII (IF NOT IN SPEN FACILITY, GIVE STREET	ADDRESSI .	or other institution	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION 1 DE WORKING LIFE) 1	26. KIND O NDUSTRY, At H	E BLISINESS OR		
ould be	35	USU. 13a S	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS? YES TO D	130 STREET ADDRESS				
2 5	5-20	14 F	THER'S NAME			15 MOTHER'S MAIDEN NA	ME				
Duo		1	Joseph	. O'Conno	2	Mary	MIDDLE	R	ykows	ki	
dico	1		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECTION OF WAR OR DATES) 2/8-/0-		Leonard J. H	10ppa 6813 /	ESS			
			18 CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b), ar			3773	1		IMATE INTERVAL ONSET AND DEATH	
J	1		PART I. DEATH WAS CAUSI	ED RV.		RATORY ARRES	ST		SCI WELLIA	DINGET AND DEATH	
0 0	M 0		DUE TO, OR AS A CONSEQUENCE OF								
raum	100		Conditions, if any, which gave rise to immediate								
other t	La L		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU		TIC CARDIOVA	ASCIII.AR DI	CEACE			
ourio V. or	, d		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO					N PART 110	2'	
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Sws any	7	TIFICATI	19a DATE OF OPERATION	19b. CONDITION FOR WHICH		TOTAL OF LAND	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING			
m 18 sh	6	AL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR			OR PART 2)		
or Ne		MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION					
ked	20	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE	
21 is mai	5		278.1 certify that (1) (this haspital) attended the deceased from AUGUST 5 19 87 to SEPTEMBER (9 87, that 1) (we) la saw the deceased alive an SEPTEMBER 7 19 87, and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did) (did) and) view the bady after death.								
ept.			22b. SIGNATURE	at) view the bady after death.		DEGREE			22c. DATE S	SIGNED	
T. If		8	A. R. N	aremi	m	ATTENDING PHYSICIAN	MEDICAL STA	FF IAN DO	917	7/87	
ORTAN	7		224 PHYSICIAN'S NAME (TYPE			22e. ADDRESS CHURC	H HOSPITA	L CORP	01414	ION	
MPORTANT:			ATAOLLAH	NAZEMI		100 n. BRC	ADWAY BAL	TIMORE	, MD	. 21231	
3 ≥	S		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	0 1 200	UMP)	As B STATE	
_			Durial	9-10-87	rak Lo	oun Cemetery	Eastwood	Balto.	(0.,1	nd.	
60M 7	/B4		INERAL DIRECTOR	P C ADDRESS	11. 6	250. DAT	E REC'D, BY REGISTRAR				
15, 4)			laries J. Leile	er & Son Inc. 10082	4 Cal	tern tive. St	8 - 1087	Julia No	nder Y	Par dage	

TO FUNERAL DIRECTOR should be detoched for use-th the Stone Dept. at He lakeDRTANT: it hem 21 to

DHMH - 16 60M 7/84 ((VRA 15, 4)

BP.

STATE OF MARYLAND

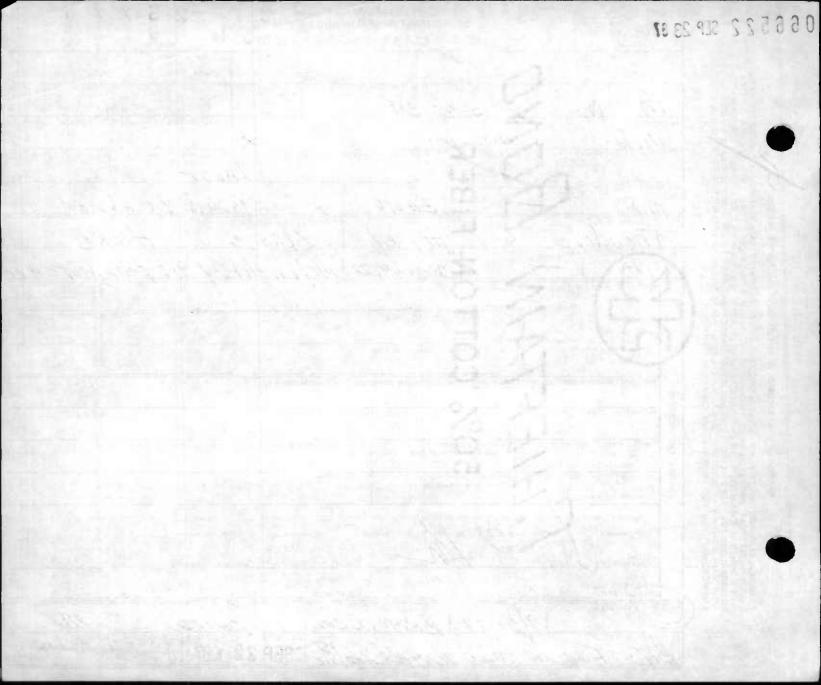
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Ψ,	REGISTRAR			4511111		RI RI	GAO		4
	DECEASED NAME FRST Hari	ry É	dward	Hor	ning, Jr.	DATE OF DEA	11 87		10 PM
3.3		RACE		5 DATE C		& AGE (IN YEARS)	AST BIRTHD (Y)	UNDER I YEAR	HOURS MIN
	Malas	White		Augu		60	YRS	JAN S	ACOKS WIFE
74		CITIZEN OF V	VHAT COUNTRY?	8 AAA DIDIE	D WEVER MARRIED	9 BALTIMORE	ITY OR COUNTY	F DEATH	-
12	Maryland	USA		WIDOWE	AND DESCRIPTION OF THE PARTY NAMED IN COLUMN TWO IS NOT THE PARTY NAMED IN COLUMN TWO	54	more	City	MD MD
10	Bulbung !		OSPITAL, NURSIN	ADDRESS)	or other institution	12a USUAL OCC	UPATION MOST OF WORKING LIFE!		enance
113	SUAL RESIDENCE (IF NURSING HOME OR OTH 1314 COUNTY Baltin		SIVE RESIDENCE BEFORE 130 CITY OR TOW Middle R	N	13d. INSIDE CITY LIMITS? YES NO		RESS / ZIP CODE	212	20
2	Harry E. Hornin		LAST		IS MOTHER'S MAIDEN NAME OF THE PROTECTION OF THE		DOLE	(AS	
160	WAS DECEASED EVER IN U.S. ARME	D FORCES?	166 SOCIAL SECU	BITY NO	17 INFORMANT		ADDRESS		
L	(YES NO PUNKNOWN) (IFYES, GIVE W	ar or dates)	220 22 5	307	Edith M. Ea	rling	Sister	Sam	ne e
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y	ine for to , the one						ONSET AND DEATH
	Conditions, if ony, which	DUE TO OR	AS A CONSEQUE	NCE OF	piscu se			yn	A65 -
	gove rise to immediate couse (o), stating the underlying couse last	DUE TO, OR	AS A CONSEQUE	NCE OF					
NOI	PART 2 OTHER SIGNIFICANT CON	NDITIONS <u>CO</u>	NTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIVE	U IN PART 1	0
CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFY	WERE FINDING CAUSES	NGS USED S OF DEATH?
1	OR COMPRISION TO CAUSE OF BEATH	216 TIME OF HOUR A.M	A. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE (OF INJURY IN ITEM 18 PAR	T) OR BART 21	79 7
MEDICAL	214 INJURY OCCURRED	21e PLACE C	F INJURY		211 LOCATION	75 C17	YORTOWN	COUNTY	STATE
2	NOT WHILE	TEAT HOME STRE	ET FACTORY OFFICE, F	ARM ETC.)	STREET NO DE MANAGE	Spicit.	(1)	(001111	SIAR
	270 1 certify that (I thin ham hall saw the deceased all a above, (I) (we) (did) and many	400	AND THE RESERVE OF THE PARTY OF	7/2/9		10 9 11	the date and hour of		that (I) (we) last couses stated
	27b. SIGNATURE	1	nusy!	3.0	ATTENDING PHYSICIAN [MEDICAL DIRECTOR P	STAFF	170 DATE	SIGNED 2/87
1	22d PHYSICIAN'S NAME (TYPE OF PR		RATUS	1	170 ADDRESS	Α.	161017	Rulbi	21/22h
730	BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	VALE OF C	EMETERY OR CREMATORY	23d LOCATION	1	20-1(1)A	1000
L	ial	9/14/8			11 Memorial G			County	, Md.
24	TUMBLE DILLECTOR	und	gend	e	250 DAT	E REC'D. BY REGIS	TRAR 256 RECISTRA	RS LIGNAT	The data
91	uzdzinski Funeral	Home/	PA 1407 (old E	astern Ave.SE	L 1 4 190	Sure &	100.00 Je.	-

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0665	22 SEP :	338	PRATE Unknown #87			TE OF MARYLAND HEALTH AND MENT		5 /	0	
		1	REGISTRAR CEASED NAME FIRST	ME	MIDDLE XAMIN	ER'S CERTIFICAT		REG. NO.		
			E OR PRINT)		WIDDEE	FW21	OF ES	OWN MONTH	DAY YEAR 7	Th HOUR
	ESERCA ESERCA		Theod		L.	Horsey	DEATH MA	TED X 9-1.	3 19 87	M
	EDE 58	3, 567	4 RACE	5 DATE OF BIRTH	YEAR LAST BIRTHD.	AY) MONTHS DAYS HOU	NDER 24 HRS 20 DATE RS MIN. PRONOUNCED	MONTH	DAY YEAR 7	14. HOUR 5:45!
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	5225	1	11/12,	14.5	,A.	WIDOWED DIV	ORCED Ba:	ltimore C:	ity	MD
/	DE RES		TY OR TOWN OF DEATH	11 NAME OF HOS	CHITY GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE FOR MOST OF WORKING		26 KIND OF BUSII OR INDUSTRY	
K	3543		altimore	1829 N.	Broadway		LABOR			
1	DE SES	U/ S	AL RESIDENCE (IF IN NURSING HOME O	ROTHER INSTITUTION, G	130. CITY OR TOWN	ON)	ITS? 13e STREET ADDRESS	1 21	213	
212	A MEDIA	1	1,0.		BALTO	YES NO	- 1000.1	Broad	WANT	
9	Total Bar	14. F/	ATHER'S NAME			15. MOTHER'S M		1	-	
2	E 10 E 00 E	1	Theodore	MIDDLE	HOLCO.	1 2/	Ando P	Hick	LAST	
9	00≥ \0 -	16a V	VAS DECEASED EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECURA	Y NO. 17. INFORMANT	A	DDRESS	1.5	
5	EASTER /	(4	ES, NO OF UNKNOWN) (IF YES, GIVE	VAR OR DATES)	220-14-49	22 mely:	a Horred 9	in Bona	nanto	Av
12	S S S S S S S S S S S S S S S S S S S	H	18 CAUSE OF DEATH (Enter and	200 cours per line	Jaylal (b) and (a)	0-1110111	11 HUISCY 11	puin	APPROXIMATE IN	TERVAL
15	O S S S S	10	PART I DEATH WAS CAUSED	RY.			34		BETWEEN ONSET AN	NO DEATH
0	ME SERVE		IMMEDIAT		AS A CONSEQUENCE	cardiovascul	ar disease			
RES	SE AND SE	10	Conditions, if any, which	002 10,00	AS A CONSEGUENCE					
	NA PROPERTY		gave rise to immediate cause (a) stating the under-	(b)	AS A CONSEQUENCE	0.5				
201 W	UTED WITH THE EXAMINE REACTION OF REACTION OF REACTIONS ON OR REACTIONS OF REACTION	1	lying cause last.	DOE TO, OR	AS A CONSEQUENCE	OF				
	ECUTE NE EXA URIAL NIDON,		SART A GENER CICARRECANT CONSTRAIN	(c)						
DIVISION OF VITAL RECORDS.	BE EX NDINC LEDIC SA B LITH A	N O	PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO GEATH	BUT NOT RELATED TO THE TERM	IINAL DISEASE OR CONDITION GIVEN	I IN-PART 1 to			
1 2 2	ERTIFICATE SHOULD ING THE WORD "FEN ED TO THE CHIEF W 3 SHOULD BE USED A PEPARTMENT OF HEA PRIOR TO BURIAL, O	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPER	ATION WAS PERFORMED?			20 AUTOPSY?	
TY.	WORD "I WORD "I E CHIEF BE USE ENT OF H	IFF		1 1000					YES W	NO []
7	THE CHILD BE MENT TO BU	7 8	210 EXTERNAL CAUSE WAS	216 TIME O		21c. HOW INJURY OCC	URRED LENTER NATURE OF INJURY II	NITEM 18 PART 1 OR PART	4.5	
N	TO THE ARTWART OR TO THE		UNDERLYING OR CONTRIBUTING CAUSE OF D		N. MONTH DAY YEAR					
Sic	CERTIFIC TING TH DED TO 3 SHOU DEPART	MEDICAL	THE INTERPROCEURPED	21e PLACE	OF INJURY (AT HOME,	21E LOCATION				-
) V	WRIT WRIT ARDI AGE:	M	WHILE NOT WHILE AT WORK	STREET, FAC	TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUN	aTY	STATE
	ATE, WATE, WATE, WATE, WATE, WATE, WATE, PAGE, PAGE, STA		220 I certify that 1360 Annual	of the remains of	cribed aboy Theld on	Autopsy X. Insp	ection , Inquiry	and in my apin	nion	
	AND THE STATE OF T		death resulted from Notice	a course De	Accident Su	icide . Hamicide	Undetermined manne			
	EXAM CERTI DIE WARY		1111	-1/	100	TITLE (SPECIF				
	ALE HE OUT AL MALE		ACTUAL SIGNATURE	1. 9	KUIL		ant_MEDICAL EXAMINE	DATE R SIGNED	9-18-87	
	SE S		SIONATORE		1		MEDICAL EXAMINE	SIGNED		
	PHE EN CHA	4	(TYPE OR PRINT) Cha	rles P. 1	okes, M.D.	ADDRESS 111	Penn Street,	Balto., M	D 21201	
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	77a.B	UHIAL CREMATION, REMOVAL 2	and the same of		METERY OR CREMATORY	23d LOCATION			
07.0	1	-	MILW.	9/20/8	1 hoht	Cen.	CITY OF TOWN	COUNTY	MOSATE	
07/B4 25M	BP	24 F	UNERAL DIRECTOR	12701	X III I	1 6 6 1	ATE REC'D. BY REGISTRAR 2	Sh, REGISTRAR'S, SK	SNATURE	
	DHMH - 17 (VR A15 ME (5))	1	The Fine	ADDRESS	en un Gali	12/8-0	EP 22 1987	Julia Davida	on. Kundale	
	(VK MID ME (3))	1	CO FUICK	1 nome	110-7/111	AROline S	LI 22 301	J		



		- 1		Item 5,6 Film G631	9-14-87 SB		F MARYLAND	17 2	5 /	7	1
				FOR STATE per Funeral	Home DEP.		ALTH AND MENTAL HYG			1	
065	122	SEP		PSGISTRAR	WIDDLE	CENTIFIC		REG. NO	MONTH DAY	YEAR 2	h HOUR
	÷ 3 %	18	(TYPE	EASED NAME FIRST OR PRINT! HENR	4.4	III	noton	TO DATE OF DEATH	9 4	-	2010
	page 3		3. SEX		1 RACE	5. DATE OF	/ 1	6 AGE (IN YEARS LAST BIRT		INDER TYEAR	IF UNDER 34 HRS
	ector softe		2	m	Black	MONTH	DAT YEAR		4 YRS	1000	HOURS MIN.
	Pour Pour	6	To BIF	RTHPLACE (STATE OR FOREIGN)	b. CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF	DEATH	-
	death. funeral hin 72	2	Ĺ	SC	USA	WIDOWED	DIVORCED [nore	City	MD.
	the fu	2/1	10 01	altimore, mo	I I NAME OF HOSPITAL, NO	URSING HOME OR	OTHER INSTITUTION	120 USUAL OCCUPATION OF THE PROPERTY OF THE PR		126 KIND OF INDUSTRY	BUSINESS OR
120	ours,	E C	USUA	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE	BEFORE AS MISSION)			710 0000	212	15
NOS	filled oold b	36	130 S	TATE MU 136 COUNT	TY 13 CITY OR	NOWN .	YES NO [55/8 K	ubin	An	2
ARKIA	d within npletely and 2 sh		31	THER'S NAME FIRST TEORGE	AIDDLE HOS		MOTHER'S MAIDEN NA	WE		Whi	ite
BALTIMORE, MARYLAND 2120	ond see	medical	Ión V	VAS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL 247	SECURITY NO. 1	5518	RILL	ore	Bo	ld 212
ATT.	cron cron	المَّةِ الْمُ		18 CAUSE OF DEATH (Enter onl	y ane couse per line far (a) 1	by and icy		Junaa		APPROXIM. BETWEEN ON	ATE INTERVAL
	physicol pop neve	rent,		PART I. DEATH WAS CAUSED			ONARY ARROS	ST .			OIATO
N ST	cert ling rrbor	fic ev		IMMEDIAII	DUE TO, OR AS A CONS						
STO	Hence co	omno		Conditions, if ony, which		UTRICULAR	TARHY CAR	DIA		1 MMOT	DIATO
201 W. PRESTON ST	by the a	other fro		gave rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF	•				
5, 201	gred burial	ory. ac	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN	IN PART Tia	
ORD	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR W	VHICH OPERATION	WAS PERFORMED	20e AUTOPSY?	206 IF YES, V	VERE FINDING	3S USED
REC	o de de	100	FICA	A 3 / 4	P14	THE TOTERATION		YES T NOT	IN CERTIFYII	NG CAUSES C	NO T
TAL	40 416	1	ERT					152	100		
0 to	TE SOT			710 ACCIDENT WAS UNDERLING	216. TIME OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM TO PART	1 OR PART 2)	
ONO	34 115	11		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN SEM TO PART	I OR PART 2)	
*	Mental P	4			HOUR A.M. MONTH	H DAY YEAR	211 LOCATION				STATE
VIS.	D PHYSICIAN Hending ph to this certific the boxing ond Mental?	and or hem !!	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA HE EITHER NOTHEY MEDICAL EXAMINER! 21d INJURY OCCURRED	HOUR A.M. MONTH	H DAY YEAR	and a second sec	RED (ENTER NATURE OF INJUIL		OR PART 2)	STATE
DIVIS	or attending ph After this certific as in the boriof-in ooth and Mental	marked or hem !!		OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	THE HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, C	H DAY YEAR 19 DEFICE FARM ETC.)	211 LOCATION STREET			COUNTY	STATE
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar remayal.

etained by the haspital ar attending physician.

BP

- 16 60M 7/84 (VRA 15, 4)

injury, or ather traumatic event,

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTIFICATE OF D	LAIN	REG. NO.	the second second					
I. DECEASED NAME FIRST	WIDDLE	LAST	10	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR					
(TYPE OR PRINT) LESTE	ER NMI	HORTON	JKI	8	26 87 3128 R					
3. SEX	4. RACE	5 DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS					
MALE	BLACK	MONTH DAY	YEAR SIGN	31 YRS	MONTHS DAYS HOURS MIN					
7a. BIRTHPLACE (STATE OR FOREIGN)	76 CITIZEN OF WHAT COUNTR	Y? 8	V	9 BALTIMORE CITY OR COUNTY	OFDEATH					
N.C.	USA		ORCED	BALTIMORE	1					
BALTIMORE.	11. NAME OF HOSPITAL, NUR:		AND	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LII UNEVINOLONE d	126 KIND OF BUSINESS OR FEI INDUSTRY					
USUAL RESIDENCE HE NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEF	DWN , 113d. INSIDE CI		13e.STREET ADDRESS / ZIP CODE	99999					
II FATHER'S NAME	WINSKIN		MAIDEN NAM	10 1 - 1 - 1 - 1	1 200 6-17					
LESTER	NMI HORT	1.1.1	EPHIN	JE MIDDLE	HÄRRIS					
160. WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES!			ADDRESS						
unknown	238-96	-1429 Leste	r Horto	n Sr. Father 130	O Irvington St.S					
18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b),		A 0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE 10) CARDIO	PULMONARY	ARR	E51	ϕ					
	DUE TO, OR AS A CONSEC	DIJENCE OF			To be					
Conditions, if any, which	weeks									
gove rise to immediate couse (a), stating the	couse (a), stating the DUFTO ORAS A CONSEQUENCE OF									
underlying couse last	underlying cause last (c) AIDS									
	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TERMI	NAL DISEASE OR CONDITION GIV	/EN IN PART 110					
<u>o</u>										
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFO	RWED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?					
FI				YES NO YE						
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW IN	URY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)					
OR CONTRIBUTING CAUSE OF DE	AIN	19								
OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATIO	N	CITY OR TOWN	COUNTY STATE					
WHILE NOT WHILE AT WORK	LAT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC STREET		CITA ON TOWN	COUNT					
	ital), attended the deceased from	August 19	10 87	in Angust 260	19 97 that (1) (we) lost					
sow the deceased alive or above. (1) (we) (did) (did no	tugust 20 19	01	our) opinion d	eath occurred on the date and hou						
226. SIGNATURE	1 0	DEGREE	TTELIONIO	MEDIC STAFF	224 DATE SIGNED					
tamela 4	simelling	A P	HYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	8268+					
224 PHYSICIAN'S NAME (TYPE	DR PRINT)	22e ADDRESS		(1)						
tamela J	Amelung	1225	green.	est Baltimo	10812 ([11] BLG					
230 BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR C		236 LOCATION	1.37 7 1					
Bürial	01Sept.87	Washington N	ational	Cemetery Suit1	and Maryland					
24 FUNERAL DIRECTOR			250 DATE	REC'D. BY REGISTRAR 256 REGIST	TRAR'S SIGNATURE					
Frazier's Funeral	Home 389 RHode	e Island Avene	TAN WE	P 1 5 1097 Jestin 1	eviden-Acodette					

Manage 4 (1977) 42 (1987) 1 (1987)

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DHMH - 16 60M 7/8-(VRA 15, 4)

SESTATION MARYLAND DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	. 8	1
DEPARTMENT OF HEALTH AND MENT	AL SYGIENE	
CERTIFICATE OF DEAT	H **	

		KĘGISTKAK				10%	REG. NO.				
		CEASED NAME FIRST	MIDDLE	t-	AST		20 DATE OF DEATH MO	NTH DAY	YEAR	26 HOUR	
1	Carlton		thoma	5	HOWARD		9	107/	187	6 TOM	
	3. SE)	X	4 RACE	5. DATE C		T 1 1 1	& AGE (IN YEARS LAST BIRTHDA	Y) IF U	NDER I YEAR	IF UNDER 24 IRS	
		Male	CAUCASIAN	MONTH	DAY O 9	YEAR 27	60	YRS MON	THS DATS	HOURS MIN.	
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY? 8.	D NEVER M		9 BALTIMORE CITY OR C		DEATH		
2		MARYLAND.	U.S.A.	WIDOWE		ORCED	BALTIMORE	Cit		MD.	
10	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C			120 USUAL OCCUPATION		126 KIND O	F.BUSINESS OR	
1	R	altimore	South BALTHOR		Hospit	4(TRANSPORTA			riportation	
1		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION			COUNTE		Balt	7	
4		MARYLAND 136 COUR		two 25	YES X	NO T	130 STREET ADDRESS / ZI	Rut !	51.	21230	
1		ATHER'S NAME			15 MOTHER'S		ME	CAL		A 7.7	
1)	Claude	1.4	ast oward	EL	IRSI	R .		LIL	ICHES	
-		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMAN		ADDRESS		7-10	07103	
1	()		E KORGA 219-	18-7950	KEVIN	Hours.	20 7264 C	andle !	Shine (St. Columbia	
		18 CAUSE OF DEATH (Enter or	nly one couse per line for (o)	(b), and (c).1					APPROXI BETWEEN	MATE INTERVAL MI	
		PART I. DEATH WAS CAUSE IMMEDIA									
		IMMEDIA	2	1-,							
		Conditions, if ony, which (ib) HEPATIC CIRCHOSIS QUARTOUNCESTURAL PREMOTION									
Н		gove rise to immediate									
		couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF									
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN	IN PART 10		
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T	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	OPERATION WAS PERFORMED		20a AUTOPSY? 20b. IF YES,		, WERE FINDINGS USED		
	TIFIC					YES NO YES			YING CAUSES OF DEATH?		
0	CER	210. ACCIDENT WAS UNDERLYING			21c HOW IN	URY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM IB PART	OR PART 2)		
1		OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR							
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATIO	N	CITY OR TOWN		COUNTY	51A1E	
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	SIMEEL		CIII OKIOWA		200,411	3.4.0	
	13	220.1 certify that (I) (this hasp	ital attended the deceased	1 from 3807	7	19.87	10 SEPT 7	. 19.	87	that (I) (we) last	
		sow the decemed alive or	SEPT 7	1987 01	nd that in (my)	our Popinion o	death occurred on the date	and hour on	d from the	couses stated	
9		226 SIGUATURE	III view the Body offer death	view the body after death. DEGREE					22c DATE	SIGNED	
		11/1/M.	MD.			TENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	X	9/7	1/87	
1		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		,			/	
		N. F. MU:	550		3001	South	HANOVER St.	Bal	M. 2	.D.	
		BURIAL, CREMATION, REMOVAL	. 23b DATE	23c. NAME OF C	EMETERY OR C		23d LOCATION				
		Burial	9/10/87	Crowns	ville.	Wet, C	t. Crowns	ville	Md.	STATE	
			Balto Md.21	230			E REC'D. BY REGISTRAR 200	# a B	S SIGN	URE ARE	
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		and a second	
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Mitchell-Wiedefeld Home, Inc., 6500 York Rd.

(VR A15 ME (5))

MBW 8 093

TO FUNERAL DIRECTOR P.
AFTER DEATH WILL
BALLIMORE 07/84 25M

DHMH - 17 (VR A15 ME (5))

Notural couses

Margarita A. Korell, M.D.

Suicide

ADDRESS

111 Penn St.

Assistant MEDICAL EXAMINER

Balto.MD.

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Sept. 10, 87 Glen Haven Mem. Park

23d. LOCATION Gen Burnie

Undetermined manner

3204 Mountain Road

Anne Arundel

9/6/87

24. FUNERAL DIRECTOR

ACTUAL

SIGNATURE EXAMINER'S NAME

(TYPE OR PRINT)

McCully Funeral Homes

Pasadena, Marwland 211

Homicide

TITLE (SPECIFY)

STATE OF MARYLAND 65655 SEP 15 B7- STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN 26 HOUR LTYPE OR PRINTS OF 1 JESSIE HUBBARD Jesse DEATH MATED 87 19 3. SEX 4. RACE YEAR 2d HOUR DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS. 2c. DATE MONTH LAST BIRTHDAY) 5:13 PRONOUNCED B DEAD 87 19 38 70 BIRTHILACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY DIVORCED [Badin N.C Baltimore City America NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore Sinai Hospital Off. Security Security ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 3m STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Balto. Balto. MD YES Kitmore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Allen Hubbard Annie Jesse 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 237-58-0318 Annie Hubbard 1439 Kitmore Rd. US53330931 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which EF MEDICAL EXAMINES SED AS A BURIAL TRANS HEALTH AND MENTAL gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO. CERTIFICATION TO MEDICAL EXAMINÉR: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PEPAGE, A SHOULD BE FORWARDED TO THE CHIETA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. A FITER DEATH, WITH THE STATE DEPARTMENT OF THE SALTER DEATH. 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES > NO [21e EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY (ATHOME, 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE X change of the remotos described above, held an 220 I certify that tak Natural causes death resulted from: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 9-8-87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 21201 111 Penn St., Balto., MD (TYPE OR PRINT) ADDRESS 23g BURIAL CREMATION REMOVAL 23h DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Balto. 07/84 Garrison Forrest Garrison Burial 256 REGISTRAR'S SIGNATURE DHMH - 17 Julia Divideon Pandale (VR A15 ME (5)) aw Funeral Home 4611 Park Heights Ave

				FOR STATE REGISTRAR			CERTIFI	OF MARYLAND FALTH AND MENTAL HYG CATE OF DEATH	REG. NO	578	3
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96e 4 mo	urs ofter		3 SE)	anale	1 HACE Cohi	40	S. DATE OF	F BIRTH DAY VEAR 7	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	R IF UNDER 24 HRS
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CE ST		25	13a S	1111)		BILL CITY OR TOWN	Žį į	YES NO	13. STREET ADDRESS / Z	in Ave	BEHOP
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P P	S. Pager	popular a		(IF YES	ARMED FORCES? GIVE WAR OR DATES)	none	RITYNO	Eugene Huff:	ADDRESS ines 1306Ches	sapeake Ave	
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The low	hos ene	Shows ony	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		- Call Ah	OFERATION		YES NO NO	YES [S OF DEATH?
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ATTEND Ospitol	d for use	m 21 is m		220. I certify the (I) this he saw the deceased live above (I) (we) (did) and		c deceosed nom		that in (my) (our) opinion (, 10		
TAL CA	RAL DIRE	±		226 SIGNATURE	band	Dormo	D	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	N D	22 37
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DHMH - 16 60M 7/84 (VRA 15, 4)

Burial
H FUNERAL DIRECTOR
Con-ConnellyFuneralHome

230 BURIAL, CREMATION, REMOVAL

9/25/87

23c NAME OF CEMETERY OR CREMATORY

300MaceAve. 21221

HollyHillCemetery MiddleRiver Balto. Maryland

53. 21221

		REGISTRAR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17, 10-13-87 T.	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR
may be page 3	ITYP	JAMES	ARTHUR	HUGHES	09	28 87 2:40P _M
ge 4 mai	3. SE	Male.	Black	5. DATE OF BIRTH 05 20	6 AGE (IN YEARS LAST BIRTHDAY) 67	# UNDER TYEAR IF UNDER 24 HRS
dearm Po	7	IRTHPLACE (STATE OR FOREIGN COUNTRY) Irginia	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore (
by the filled with	I	Baltimore	Century Home,	Inc.	120 USUAL OCCUPATION (1201 WORK FOR MOST OF WORKIN	NG LIKE) 126 KIND OF BUSINESS OR INDUSTRY Beth Steel
AND 21.	130	MD 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Balti	more YES X NO [13e STREET ADDRESS / ZIP CO	St. 21216
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it RECORDS, 200 ne low requires the low requires the permit. Then plece ne prior to buriol ows any injury, or	TIFICATION			DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b IF	GIVEN IN PART 1(0) YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
AL RECORDS, 27 The low requires cion cion the been signe sist permit. Then pl sist permit to burn hows any injury, 6	G. R.	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (HE EITHER, NOTHEY MEDICAL EXAMINE	21% TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21 (HOW INJURY OCCUR!	200 AUTOPSY? 20b IF	FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
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DIVISION OF VITAL RECORDS, 28 ATTENDING PHYSICIAN The low requires spitol or ottending physician CTOR. After this certificate has been signed for use as the burial-transit permit. Then plot use as the burial-transit permit. Then plot use of Health and Mental Hygiene prior to burial-transit permit. Then plot is marked or literal 18 shows ony injury, of 21 is marked or literal 18 shows ony injury, or	G. R.	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED WMILE NOT WHILE AT WORK 27a L certify that (1) (this hasp sow the deceased aliveracy obove, (1) (we will find no	210. PLACE OF INJURY 210. PLACE OF INJURY	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR! 19 21l. LOCATION SIREET . ond that in (my) (aur) opinion	200 AUTOPSY? 206 IF YES NOW IN CEI RED (ENTER NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO COUNTY STATE 19 that (b (we) lost hour and from the causes stated
AL OR ATTENDING PHYSICIAN The law requires, the hospital or ottending physician. AL DIRECTOR, After this certificate has been signed blacked for use as the burrol-transit permit. Then plate Dept. of Health and Mental Hygiere prior to burrol. If them 21 is marked or them 18 shows any injury, or 18 them 21 is marked or them 18 shows any injury.	G. R.	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 210 INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 210 AL WORK NOT WHILE OF DE LIFE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR! 19 21L LOCATION SIREET DEGREE ATTENDING PHYSICIAN LETTERS ATTENDING PHYSICIAN LE	200 AUTOPSY? 206 IF YES NOW IN CEI RED (ENTER NATURE OF INJURY IN ITEM	PYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO COUNTY STATE 19 that (b (we) lost hour and from the couses stated
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8 Payaon St. 21215	190	i eromi	3 f n		D i
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34 M. Coldanrina Lane		ma apos	die Egg		Yes

STATE OF MARYLAND

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	STATE				33
DEPARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE
				DEATH	

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1	1 - STATE	DEPARTMENT	OF HEALTH AND MENTAL HYG	SIENE	1 2 4					
J	REGISTRAR	CEF	RTIFICATE OF DEATH	REG. NO.						
I	DUJEASED NAME FIRST	.) MIDDLE Jenkin	C IAST		DAY YEAR 26 HOUR					
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1	3 SEX		AONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.					
ı	MALLE	WHILE	05 80 11	66 YRS						
4	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	RRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH					
	Maryland	TTCLA	OWED DIVORCED	BALTO CI	Tu					
4	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO		120 USUAL OCCUPATION	MD. KIND OF BUSINESS OR					
	enter neta	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS		ITYPE OF WORK FOR MOST OF WORKING LIF	FEI LINDUSTRY					
2	BACIO	UNIVERSILLO	The state of the s	Ret. Foreman	Coast Guard					
1	130. STATE	OTHER INSTITUTION GIVE RESIDENCE BEFORE DMISS	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE						
	Maryland A	.A. Co Baltimor		220 W. Meado						
1	M. FATHER'S NAME		15 MOTHER'S MAIDEN NA							
A	Nolan	J. Hurley	Christin	na.	Fredërick					
4	160 WAS DECEASED EVER IN U.S. AR			1000000						
Ž	JYES, NO OR UNKNOWN) (IF YES, GIV	41 1		Dut.	nie, Md.2106					
	Yes WW	2 214-01-86	John M. Zi	ivec 304 Baylo	r Rd., Glen					
1		nly one couse per line for 10), (b), and (c).)		1	BETWEER ONSET AND DEATH					
١	PART I. DEATH WAS CAUSE	W/m MIN								
١	IMMEDIA	IMMEDIATE CAUSE (0) CARDIO BULMONARY ARICES (W/M M/N)								
1	G 100 - 100 - 111	DUE TO, OR AS A CONSEQUENCE OF								
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1	couse (o), stoting the	couse (a), stating the DUETO, OR AS A CONSEQUENCE OF								
ı	underlying couse lost.	underlying couse lost. (c) DIABETES								
1	PART 2 OTHER SIGNIFICANT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II								
1	NO									
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED					
ı	5			IN CERTIF	FYING CAUSES OF DEATH?					
	II I			7.3	S NO					
1	ON CONTRIBUTION COLOR OF OF		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 P	PART I OR PART 2)					
H	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	AIR	19							
ı	21d. INJURY OCCURRED	218 PLACE OF INJURY	211. LOCATION							
١	WHITE NO WHITE	(AT HOME STREET, FACTORY, OFFICE, FARM ETC	STREET	STREET CITY OR TOWN COUNTY STATE						
1		AT WORK AT WORK								
		220.1 certify that (I) (this hospital) attended the deceased from								
1	sow the deceased of the an above, (1) (we) (did) (did) and	the body offer defirth.	that in (my) (our) opinion (death accurred on the date and hou	or and from the causes stated					
1	226. SIGNATURE	11/ 50	DEGREE		ZZL DATE SIGNED L					
	15	VILIAN	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/15/8/					
1	22d. PHYSICIAN'S NAME	Anna (710 ADDRESS	- OWECLOK - MILDICIARA	11:310/					
	AlG.	V- MELLAD	276 60	17 57 14	2.201					
4	1744	SU CHEUTUT	1247,616	CENE > (.	((20)					
1	230 BURIAL, CREMATION, REMOVAL		OF CEMETERY OR CREMATORY	23d LOCATION						
	(SPECIFY) Duniol	0/40/07 0030	m TTill Comet.	CITY OR TOWN	CRUNTY CO STATES					

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If hem 21 is morked or hem 18 sho

injury, ar ather traumatic event,

Burlar

Hill Cemetery Baltimore, AA Co., Md.

McCully 237 E. Patapsco Ave., Homes Balto., Md.21225 Funeral

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0659125	R.	TARY REGISTRAR	DEPARTI	STATE OF MARYS MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYG	IENE Z	518	7
		CEASED NAME FIRST	MIDDLE	LAST			ONTH DAY YEAR	2b HOUR
may be page 3 er death	(179)	JAMES	JOSEPH	HUSTER	}	09/15/87		12:50am
	3 SE	x	4. RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DA	
ge 4	and the same of	ale	white	MONTH /15/9	10 "^"	77	YRS	TOOKS MIN.
Pod 2 hod		RTHPLACE (STATE OR FOLEIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER		9 BALTIMORE CITY OR		
1 62		aryland	USA		ONORCED	Baltimore		MD
5 11/16	Ba.	timore	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET Saint Agnes H	ospital	STITUTION	128 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	WORKING LIFE) INDUSTE	of Business or Pept.
n 24 hou	130	Md Be	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136. CITY OR TOW Catonsvi	n 13å. INSIDE 11e YES □	CITY LIMITS?	13e.STREET ADDRESS / 2 Bristol		21228
de de	14.5	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER	R'S MAIDEN NAM FIRST	AE MIDDLE		LAST
D 00000	1	William	J. Hust		Barbara	Α.		mpman
(3)2		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES) 216-01-5		A. Hust	er 2 Bristo	s 21 ol Hill Ct.	228 A4
certification in participation in certification in certif		PART I. DEATH WAS CAUS	nly ane cause per line far (a), (b), an ED BY: ATE CAUSE (a) Response	ratory	/	rrest	APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
s that the death ed by the attend please remove co rial, cremation, c or other traumo		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUIDATION OF AS A CONSEQ	Stem / ENCE OF Tumo			TION GIVEN IN PART	1:a
he low require on. has been signs t permit Then tene prior to bu	CERTIFICATION	45 p; 190 DATE OF OPERATION 9/4/87 + 9/6/	196. CONDITION FORWHICH	OPERATION WAS PERFO		200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH?
PHYSICIAN: The trending physicion in this certificate I the buriol-transit and Mental Hygies ed or tem 18 km.	EDICAL CER	210. ACCIDENT WAS UNDERLYING { OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	AIR	AY YEAR	NJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2	"
or ottending After this e os the burnel Marked or I	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCAT STREE	ION ET	CITY OR TOW	N COUNTY	STATE
R ATTENDING PHYSICIAN; The hospital or attending physician because as the buriot-transit p.pt. of Health and Mental Hygien tem 21 is marked or Item 3 s show		saw the deceased alive a above, (I) (we) (did) (did n	oital) attended the deceased from		, 19	, to 7/5/8 leath accurred on the date	2, 19 e and hour and from t	_, that (I) (we) last he causes stated
the her toche be Dep		22b. SIGNATURE	chroh-	DEGREE M O		MEDICAL STAFF DIRECTOR PHYSICIA	1 9	TE SIGNED
TO HOSPITA retained by TO FUNERA should be de with the Stot		22d, PHYSICIAN'S NAME (TYPE	HULI	900	CATO	N AVE !	Batt, Md.	2/229
BP	23a	SURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR		23d. LOCATION CITY OR TOWN	COUNTY	STATE
	24 F	Burial JNERAL DIRECTOR	9/18/87 M€	adowridge M	lem. Pk.	[Elkridge REC'D. BY REGISTRAR 2:		lary Land
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME	HOME, INC. 4107	21229 WILKENS AVE	050	1 6 1987	Julia Danders	Rudell

FOR DEPARTMENT OF HEALTH AND MENTAL H - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DE EASED NAME 20. DATE OF DEATH LINPE OR PRINTS 3 SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR 10 04 13 7a. BIRTHPLACE I STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED saltimore, WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE II 'FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE CHARLES MORAN LLIAN I WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOL 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY 0 (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET Pe NOT WHILE 22a I certify that the this haspital) attended the deceased from 19 8 saw the deceased alive on abave, (M(we) (did) (did not) view the bady after death. 77b SIGNATURE DEGREE

STATE OF MARYLAND

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) apinion death accurred an the date and hour and fram the causes stated 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS GLADUE 73c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

YEAR

IF UNDER I YEAR

INDUSTRY

26 HOUR 40

126 MID OF BUSINESS OR

LLIVAN

APPROXIMATE INTER

2106

IF UNDER 24 HRS

DHMH - 16 60M 7/B4

be deta FUNERAL

the the

MPORTANT

(VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

(SPECIFY)

CREMATION

KAYMOND

23b. DATE

injury, or other troumotic event,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	10	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	5		
1		EASED NAME FIRST	Howar	d .	AST A A A		MONTH DAY	YEAR	26 HOUR
ı		WINFREL) H.		JGRAM	C	19 15	87	328 pm
1	3 SEX	1 1 1	RACE 1	5. DATE C	DE BIRTH 1 YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR	IF UNDER 24 HRS
ı	1	Male	White	12	07 11	75	YRS		
	7a. BIF	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT CO	OUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH	
	1	MAKYLAND	WIT	WIDOWE	D DIVORCED	15dl Tir	More (rita	MD
7	10 CF	2 11	 NAME OF HOSPITAL (IE NOT IN SUCH FACILITY) 		OR OTHER INSTITUTION	120 USUAL OCCUPATION	WORKING LIFES I	INDUSTRY	F BUSINESS OR
	13	allmore	University	of M	anyland	Retried		Boein	g Arresot
-	13g. S	AL RESIDENCE (IF NURSING HIME OR O) ITATE 131 COUNT		OR TOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS /		2	1740
		THER'S NAME		10010001	15 MOTHER SWADEN NA		300		27 10
)	HOWARD	TA.	CO LA	MANZIC	WIDDLE		STICI	KFI
	16a. W	AS DECEASED EVER IN U.S. ARM		IAL SECURITY NO.	17 INFORMANT	ADDRE		7,10	Change
	(Y	UNKNUMN (# YES, GIVE V	WAR OR DATES) 217	7-10-2788	Bernadine I	ngram Hager	stown,	Md.	
1		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one couse per line for to	o), (b), and (c).)	Λ			APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
ı		IMMEDIATE	1 /	irdiac	HRREST			<1	10 min.
	171	DUE TO, OR AS A CONSEQUENCE OF						Ruseake	
١		Conditions, if ony, which gove rise to immediate	(6)	epsis		00000			
		couse (a), stating the underlying cause last	DUE TO, OR AS A CO	avalac	Failure			>3	weeks
1	Z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	MAL DISEASE OR CONE	ITION GIVEN	IN PART TIE	0
-	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, W	ERE FINDIN	NGS USED
	IFIC	7/4/87	Cormanu	A L	Nisease	YES NO NO	IN CERTIFYIN		
	CERI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	., ., .,	21c. HOW INJURY OCCURE	7.3		OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER]	HOUR A.M. MOI	NTH DAY YEAR					
١	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJUR	Y	211 LOCATION	CITY OR TON	arh i	COUNTY	STATE
	W	WHILE NOT WHILE AT WORK	I AT HOME, STREET, FACTOR	RY OFFICE, FARM ETC)	STREET	CHY OR TOV	714	COOKII	21415
		220.1 certify that (1) this hospito	Q/1	0-	1987		. 19_	8.7.	that (I) (we) lost
		sow the deceased alive on obove (1) we) (did) did not	view the body ofter deo		0	deoth occurred on the do	le ond hour on		
		22b. SIGNATURE	Parts		ATTENDING PHYSICIAN	MEDICAL STAF		9/11	SIGNED - LET
	m	224, PHYSICIAN'S NAME LIYPE ORP	RINTI		22e ADDRESS	DIRECTOR PHYSIC	7	1/10	/ /
		Sort	PRESTON	/	Univ. of M	anyland h	lospin	1	
	23o B	URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	25d LOCATION	TT SI	QUNTY	1 1 1 1 1
	bi	rial	Sept.18,19	Rest H	aven Cemetery	Hagerstor	m, was	n., M	aryrand

HMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Irem 21 is

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

230 SALE ASCID. BY REGISTRAR 255 REGISTRAR'S SIGNATURE Julia Deviden Produces